


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000082409  
 1. Entity Name  
 WEST COAST EAR, NOSE & THROAT, INC.



Principal Place of Business 1330 S FT HARRISON CLEARWATER, FL 33756	Mailing Address 1330 S FT HARRISON SUITE A CLEARWATER, FL 33756
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**DO NOT WRITE IN THIS SPACE**



01062006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3341738	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARNA, JAMES MD  
 1840 MEASE DRIVE  
 SUITE 403  
 SAFETY HARBOR, FL 34695

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALIDINA, ARIF A 1840 MEASE DR., SUITE 403 SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, LANCE M. 1330 S FT HARRISON CLEARWATER, FL 34616
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNA, JAMES S 1840 MEASE DR., SUITE 403 SAFETY HARBOR, FL 34695
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, MITCHELL 1330 S FT HARRISON CLEARWATER, FL 34616
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTHONY, STEVEN 8787 BRYAN DAIRY RD., STE. 340 LARGO, FL 33777
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEINIGER, JOSEPH 11031 49 HWY 19 NO BLDG 1 STE 104 PORT RICHEY, FL 34668

000000409000  
 02/08/06-80081-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James Barne **JAMES BARNA** (707) 791-1368  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #