

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000082409

FILED  
Jan 08, 2010  
Secretary of State

**Entity Name:** WEST COAST EAR, NOSE & THROAT, INC.

**Current Principal Place of Business:**

1330 S FT HARRISON  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

1330 S FT HARRISON  
CLEARWATER, FL 33756

**New Mailing Address:**

**FEI Number:** 59-3341738

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BARNA, JAMES MD  
3190 MC MULLEN BOOTH RD  
STE 100  
CLEARWATER, FL 33761 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** ALIDINA, ARIF A  
**Address:** 3190 MC MULLEN BOOTH RD STE 100  
**City-St-Zip:** CLEARWATER, FL 33761

**Title:** D  
**Name:** COHEN, LANCE M.  
**Address:** 1330 S FT HARRISON  
**City-St-Zip:** CLEARWATER, FL 33756

**Title:** D  
**Name:** BARNA, JAMES S  
**Address:** 3190 MC MULLEN BOOTH RD STE 100  
**City-St-Zip:** CLEARWATER, FL 33761

**Title:** D  
**Name:** MILLER, MITCHELL  
**Address:** 1330 S FT HARRISON  
**City-St-Zip:** CLEARWATER, FL 33756

**Title:** D  
**Name:** ANTHONY, STEVEN  
**Address:** 8787 BRYAN DAIRY RD., STE. 340  
**City-St-Zip:** LARGO, FL 33777

**Title:** D  
**Name:** STEINIGER, JOSEPH  
**Address:** 11031 49 HWY 19 NO BLDG 1 STE 104  
**City-St-Zip:** PORT RICHEY, FL 34668

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** JAMES BARNA, MD

D

01/08/2010

Electronic Signature of Signing Officer or Director

Date