

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 30 1998 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P97000092432 (8)**

1. Corporation Name  
**EAR, NOSE & THROAT ASSOCIATES OF SOUTH FLORIDA, P.A.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**900 NW 13TH ST. SUITE 206  
 BOCA RATON FL 33486**

Mailing Address  
**900 NW 13TH ST. SUITE 206  
 BOCA RATON FL 33486**

3. Date Incorporated or Qualified  
**10/27/1997**

4. FFI Number  
**65-0790741** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24 **Palm Beach**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29 **Palm Beach**

9. Name and Address of Current Registered Agent

**MENKHAUS, DAVID J  
 4800 N FEDERAL HWY, SUITE 210-A  
 BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>President</b>	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>W Mark Flintoff MD</b>	
1.3 STREET ADDRESS	<b>900 NW 13th St Ste 206</b>	
1.4 CITY-ST-ZIP	<b>Boca Raton FL 33486</b>	
2.1 TITLE	<b>Secretary/Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Martha Hahn-Foreman MD</b>	
2.3 STREET ADDRESS	<b>900 NW 13th St Ste 206</b>	
2.4 CITY-ST-ZIP	<b>Boca Raton, FL 33486</b>	
3.1 TITLE	<b>Assistant Treasurer / VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Brian C Mitchell MD</b>	
3.3 STREET ADDRESS	<b>900 NW 13th St Ste 206</b>	
3.4 CITY-ST-ZIP	<b>Boca Raton, FL 33486</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<b>20000250761</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>-05/01/98--01044--048</b>	
6.3 STREET ADDRESS	<b>***150.00</b>	
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)