


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000092432

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



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

DO NOT WRITE IN THIS SPACE



07062004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0790741

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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 _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FLINTOFF, W. MARK MD
STREET ADDRESS	900 NW 13TH ST, SUITE 206
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	ST
NAME	HAHN-FOURNIER, MARTHA M D
STREET ADDRESS	900 NW 13TH ST, SUITE 206
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	ATVP
NAME	MITCHELL, BRIAN C MD
STREET ADDRESS	900 NW 13TH ST, SUITE 206
CITY-ST-ZIP	BOCA RATON, FL 33486
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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07/08/04-80016-002 150.00

12. 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 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: W Mark Flintoff DATE: 7/6/04 DAYTIME PHONE #: 561-391-3333