

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2007 8:00 am
Secretary of State

02-27-2007 90009 040 ***150.00



| | | | |
|---|---------|---|---------|
| 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 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent MENKHAUS, DAVID J 1900 GLADES ROAD SUITE #401 BOCA RATON FL 33431 | | 7. Name and Address of New Registered Agent | |
| Name | | Name | |
| Street Address (P.O. Box Number is Not Acceptable) | | Street Address (P.O. Box Number is Not Acceptable) | |
| City | | City | |
| State | | State | |
| Zip Code | | Zip Code | |
| 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title - applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | |



1st MOORE CR2E034 (10/06)

| | |
|---------------------------------|----------------|
| 4. FEI Number 65-0790741 | Applied For |
| | Not Applicable |

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

| | |
|--|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|--|------------------------------------|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P FLINTOFF, W. MARK MD 900 NW 13TH ST, SUITE 206 BOCA RATON FL 33486 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ATVP MITCHELL, BRIAN C MD 900 NW 13TH ST, SUITE 206 BOCA RATON FL 33486 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST WIDICK MD, MARK 900 NW 13TH ST SUITE 206 BOCA RATON FL 33486 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MCCLERKIN, WILLIAM W MD 900 NW 13TH ST, SUITE 206 BOCA RATON FL 33486 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V NACHLAS, NATHAN E MD 900 NW 13TH ST, SUITE 206 BOCA RATON FL 33486 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V MURATA, JAMES J MD 900 NW 13TH ST, SUITE 206 BOCA RATON FL 33486 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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: *William McClarkin, MD* **2/20/07** **561-391-3333**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Please add the additional following officers:

ATTACHMENT

60019461

#P9 7000092432

V

Brodner, David C. MD
900 NW 13th Street Suite #206
Boca Raton, FL 33486

V

Lapco, Paul E. MD
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Wirtschafter, Ari I. MD
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Light, Joshua P. MD
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Goldhaber, Neil MD
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