


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 8:00 am
Secretary of State

02-04-2008 90039 048 ***150.00

DOCUMENT # P97000092432

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



Principal Place of Business Mailing Address
 900 NW 13TH ST, SUITE 206 900 NW 13TH ST, SUITE 206
 BOCA RATON, FL 33486 BOCA RATON, FL 33486

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 1601 CLINT MOORE RD 1601 CLINT MOORE RD
 Suite, Apt. #, etc. 215 Suite, Apt. #, etc. 215

City & State Boca Raton City & State Boca Raton FL
 Zip 33487 Country Palm Beach Zip 33487 Country Palm Beach

01142008 Chg-P CR2E034 (12/06)

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
 1900 GLADES ROAD
 SUITE #401
 BOCA RATON, FL 33431

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL 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 *W. Mark Flintoff MD* 1/14/08
Signature, typed or printed name of registered agent and agent applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
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	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	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	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	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	V MURATA, JAMES J MD 900 NW 13TH ST, SUITE 206 BOCA RATON, FL 33486 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT 1601 CLINT MOORE RD, SUITE 215 BOCA RATON FL 33487 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1601 CLINT MOORE RD - Suite 105 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1601 CLINT MOORE RD, SUITE 170 BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5130 LINTON BLVD - Suite B-4 DELRAY BEACH, FL 33484

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: *W. Mark Flintoff MD* 1/14/08 561-939-0177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



Page 2

65-0790741

Please add the additional following officers:

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

V
Lapco, Paul E. MD
900 NW 13th Street Suite #206
Boca Raton, FL 33486

V
Wirtschaftler, Ari I. MD
900 NW 13th Street Suite #206
Boca Raton, FL 33486

V
Aronsohn, Michael S. MD
900 NW 13th Street Suite #206
Boca Raton, FL 33486

V
Light, Joshua P. MD
900 NW 13th Street Suite #206
Boca Raton, FL 33486

V
Schwartz, Michael L. MD
900 NW 13th Street Suite #206
Boca Raton, FL 33486

V
Dedo, Doug D., MD
900 NW 13th Street Suite #206
Boca Raton, FL 33486

V
Weinstock, Richard A. DO
900 NW 13th Street Suite #206
Boca Raton, FL 33486

V
Webster, Ellis I., MD
900 NW 13th Street Suite #206
Boca Raton, FL 33486

V
Goldhaber, Neil MD
900 NW 13th Street Suite #206
Boca Raton, FL 33486

V
Rajamanickam, Suresh MD
900 NW 13th Street Suite #206
Boca Raton, FL 33486

Curtis Johnson, D.O.
220 SW 84th Avenue, Suite 101
Plantation, FL 33324

Jon Rosenthal, D.O.
3100 Coral Hills Drive, Suite 307
Coral Springs, FL 33065

Curtis D. Emmer, D.O.
927 45th Street, Suite 101
West Palm Beach, FL 33407

Michael A. Galin, D.O.
927 45th Street, Suite 101
West Palm Beach, FL 33407