DOCUMENT # P95000082409

FILED
Apr 10, 2000 8:00 am
Secretary of State
04-10-2000 90050 025 ***150.00

A0035476

DO NOT WRITE IN THIS SPACE

1. Entity Name
West Coast Ear, Nose & Throat, Inc.
508 JEFFORDS STREET STE A
CLEARWATER FL 346116

Principal Place of Business	Mailing Address
508 Jeffords St. Ste A Clearwater FL 346116.	

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3341738 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Smith, Thomas B.	Name JAMES BARNA MD
3251 McMullen Booth Rd Suite 303 Clearwater FL 346116	Street Address (P.O. Box Number is Not Acceptable) 3251 McMullen Booth Rd Ste 303
	City Clearwater FL Zip Code 346116

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.

SIGNATURE James Barna 4/7/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE D NAME ALIDINA, ARIF A. ☐ Delete STREET ADDRESS 3251 McMullen Booth Rd Ste 303 CITY-ST-ZIP Clearwater FL 34621	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE D NAME COHEN, LANCE M. ☐ Delete STREET ADDRESS 508 Jeffords Street Ste A CITY-ST-ZIP Clearwater FL 346116	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE D NAME BARNA, JAMES S. ☐ Delete STREET ADDRESS 3251 McMullen Booth Rd Ste 303 CITY-ST-ZIP Clearwater FL 34621	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE D NAME MILLER, MITCHELL ☐ Delete STREET ADDRESS 508 JEFFORDS ST. STE A CITY-ST-ZIP Clearwater FL 346116	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE D NAME Anthony, STEVEN ☐ Delete STREET ADDRESS 8787 Bryan Dairy Rd Ste 340 CITY-ST-ZIP LARGO FL 33777	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
TITLE D NAME STEINIGER, JOSEPH ☐ Delete STREET ADDRESS RICHEY MEDICAL CENTER 5341 GRAND BLVD STE 3 CITY-ST-ZIP NEW PORT RICHEY FL 34652	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

CR2E034 (9/99)

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] DIRECTOR 4/3/00 727-791-1368
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #