

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P95000082409**

1. Entity Name

**WEST COAST EAR, NOSE & THROAT, INC.****FILED****Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90036 010 \*\*\*150.00

Principal Place of Business

**508 JEFFORDS STREET  
SUITE A  
CLEARWATER FL 34616**

Mailing Address

**508 JEFFORDS STREET  
SUITE A  
CLEARWATER FL 34616**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-3341738**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****BARNA, JAMES MD  
3251 MCMULLEN BOOTH ROAD  
SUITE 303  
CLEARWATER FL 34616**

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.

SIGNATURE

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, 2001 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** ☐ Delete  
NAME **ALIDINA, ARIF A**  
STREET ADDRESS **3251 MCMULLEN BOOTH ROAD, SUITE 303**  
CITY-ST-ZIP **CLEARWATER FL 34621**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **COHEN, LANCE M.**  
STREET ADDRESS **508 JEFFORDS STREET, SUITE A**  
CITY-ST-ZIP **CLEARWATER FL 34616**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **BARNA, JAMES S**  
STREET ADDRESS **3251 MCMULLEN BOOTH ROAD, SUITE 303**  
CITY-ST-ZIP **CLEARWATER FL 34621**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **MILLER, MITCHELL**  
STREET ADDRESS **508 JEFFORDS STREET, SUITE A**  
CITY-ST-ZIP **CLEARWATER FL 34616**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **ANTHONY, STEVEN**  
STREET ADDRESS **8787 BRYAN DAIRY RD., STE. 340**  
CITY-ST-ZIP **LARGO FL 33777**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **STEINIGER, JOSEPH**  
STREET ADDRESS **5041 GRAND BLVD., STE. 3**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **11031 US HWY 19 No Bldg1 Suite 104**  
CITY-ST-ZIP **PORT RICHEY FL 34668**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)