

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90039 007 ***150.00

0454172 AV

DOCUMENT # P95000082409

1. Entity Name

WEST COAST EAR, NOSE & THROAT, INC.

Principal Place of Business

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

Mailing Address

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

B0021994



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

**BARNA, JAMES MD
3251 MCMULLEN BOOTH ROAD
SUITE 303
CLEARWATER FL 34616**

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.

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, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	ALIDINA, ARIF A	
STREET ADDRESS	3251 MCMULLEN BOOTH ROAD, SUITE 303	
CITY-ST-ZIP	CLEARWATER FL 34621	
TITLE	D	<input type="checkbox"/> Delete
NAME	COHEN, LANCE M.	
STREET ADDRESS	508 JEFFORDS STREET, SUITE A	
CITY-ST-ZIP	CLEARWATER FL 34616	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARNA, JAMES S	
STREET ADDRESS	3251 MCMULLEN BOOTH ROAD, SUITE 303	
CITY-ST-ZIP	CLEARWATER FL 34621	
TITLE	D	<input type="checkbox"/> Delete
NAME	MILLER, MITCHELL	
STREET ADDRESS	508 JEFFORDS STREET, SUITE A	
CITY-ST-ZIP	CLEARWATER FL 34616	
TITLE	D	<input type="checkbox"/> Delete
NAME	ANTHONY, STEVEN	
STREET ADDRESS	8787 BRYAN DAIRY RD., STE. 340	
CITY-ST-ZIP	LARGO FL 33777	
TITLE	D	<input type="checkbox"/> Delete
NAME	STEINIGER, JOSEPH	
STREET ADDRESS	5341 GRAND BLVD., STE. 3	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINIGER JOSEPH
STREET ADDRESS	11031 US HWY 19 NO Bldg 1 Ste 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)(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 OF JAMES BARNA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-791-1368

CR2E034 (9/01)