

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000082409

FILED
Jan 09, 2004
Secretary of State

Entity Name: WEST COAST EAR, NOSE & THROAT, INC.

Current Principal Place of Business:

508 JEFFORDS STREET
SUITE A
CLEARWATER, FL 34616

Current Mailing Address:

508 JEFFORDS STREET
SUITE A
CLEARWATER, FL 34616

New Principal Place of Business:

508 JEFFORDS STREET
SUITE A
CLEARWATER, FL 33756

New Mailing Address:

508 JEFFORDS STREET
SUITE A
CLEARWATER, FL 33756

FEI Number: 59-3341738

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARNA, JAMES MD
1840 MEASE DRIVE
SUITE 403
SAFETY HARBOR, FL 34695 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALIDINA, ARIF A
Address: 1840 MEASE DR., SUITE 403
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D () Delete
Name: COHEN, LANCE M.
Address: 508 JEFFORDS STREET, SUITE A
City-St-Zip: CLEARWATER, FL 34616

Title: D () Delete
Name: BARNA, JAMES S
Address: 1840 MEASE DR., SUITE 403
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D () Delete
Name: MILLER, MITCHELL
Address: 508 JEFFORDS STREET, SUITE A
City-St-Zip: CLEARWATER, FL 34616

Title: D () Delete
Name: ANTHONY, STEVEN
Address: 8787 BRYAN DAIRY RD., STE. 340
City-St-Zip: LARGO, FL 33777

Title: D () Delete
Name: STEINIGER, JOSEPH
Address: 11031 49 HWY 19 NO BLDG 1 STE 104
City-St-Zip: PORT RICHEY, FL 34668

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES BARNA

PRES

01/09/2004

Electronic Signature of Signing Officer or Director

Date