

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000023934**

1. Entity Name  
**ORLANDO EAR NOSE & THROAT ASSOCIATES, P.A.**



Principal Place of Business  
**5830 LAKE UNDERHILL RD.  
ORLANDO, FL 32807**

Mailing Address  
**5830 LAKE UNDERHILL RD.  
ORLANDO, FL 32807**



01092007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3172112**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**LEFKOWITZ, IVAN M  
430 NORTH MILLS AVE.  
ORLANDO, FL 32803**

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 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  
**PST  
BIBLIOWICZ, MICHAEL M  
4399 GABRIELLA LANE  
WINTER PARK, FL 32792**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
HARRINGTON, DALE C  
5138 FAIRWAY OAKS DRIVE  
WINDEMERE, FL 34786**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
RABAJA, DAVID R  
9743 CHESTNUT RIDGE DR  
WINDERMERE, FL 34786**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000604877  
01/30/07-80013-018 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/22/07 407-658-0226