2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2009
Secretary of State

DOCUMENT# P95000082409

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

Current Principal Place of Business:

1330 S FT HARRISON
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

1330 S FT HARRISON
CLEARWATER, FL 33756

New Mailing Address:

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
3190 MC MULLEN BOOTH RD
STE 100
CLEARWATER, FL 33761 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:	3190 MC MULLEN BOOTH RD STE 100	
City-St-Zip:	CLEARWATER, FL 33761	
Title:	D	( ) Delete
Name:	COHEN, LANCE M.	
Address:	1330 S FT HARRISON	
City-St-Zip:	CLEARWATER, FL 33756	
Title:	D	( ) Delete
Name:	BARNA, JAMES S	
Address:	3190 MC MULLEN BOOTH RD STE 100	
City-St-Zip:	CLEARWATER, FL 33761	
Title:	D	( ) Delete
Name:	MILLER, MITCHELL	
Address:	1330 S FT HARRISON	
City-St-Zip:	CLEARWATER, FL 33756	
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 exemption stated 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 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, MD DIR 02/24/2009

Electronic Signature of Signing Officer or Director — Date