

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000082409

FILED
Jan 04, 2012
Secretary of State

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

OFFICERS AND DIRECTORS:

Title: D
Name: ALIDINA, ARIF A
Address: 3190 MC MULLEN BOOTH RD STE 100
City-St-Zip: CLEARWATER, FL 33761

Title: D
Name: COHEN, LANCE M.
Address: 1330 S FT HARRISON
City-St-Zip: CLEARWATER, FL 33756

Title: D
Name: BARNA, JAMES S
Address: 3190 MC MULLEN BOOTH RD STE 100
City-St-Zip: CLEARWATER, FL 33761

Title: D
Name: MILLER, MITCHELL
Address: 1330 S FT HARRISON
City-St-Zip: CLEARWATER, FL 33756

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

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

I hereby 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 all other like empowered.

SIGNATURE: JAMES BARNA

PRES

01/04/2012

Electronic Signature of Signing Officer or Director

Date