

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000082409

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

**Current Principal Place of Business:**

1330 S FT HARRISON  
CLEARWATER, FL 33756

**Current Mailing Address:**

1330 S FT HARRISON  
CLEARWATER, FL 33756

**FEI Number: 59-3341738**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

BARNA, JAMES MD  
3190 MC MULLEN BOOTH RD  
STE 100  
CLEARWATER, FL 33761 US

*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

**Officer/Director Detail :**

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

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

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

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

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

Title DIRECTOR  
Name MORGAN, JONATHAN M DR.  
Address 1330 S FT HARRISON  
City-State-Zip: CLEARWATER FL 33756

Title DIRECTOR  
Name MULLER, CHRISTOPHER D  
Address 1330 S FT HARRISON  
City-State-Zip: CLEARWATER FL 33756

Title DIRECTOR  
Name HOOD, DAVID  
Address 1330 S FT HARRISON  
City-State-Zip: CLEARWATER FL 33756

**Continues on page 2**

*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**

**PRESIDENT**

**01/02/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name MERCHANT, FAISAL DR.  
Address 1330 S FT HARRISON  
City-State-Zip: CLEARWATER FL 33756

Title DIRECTOR  
Name GREENE, SCOTT  
Address 1330 S FORT HARRISON AVE  
City-State-Zip: CLEARWATER FL 33756

Title DIRECTOR  
Name MALLON, ANDREW DR.  
Address 1330 S FT HARRISON  
City-State-Zip: CLEARWATER FL 33756

Title DIRECTOR  
Name CLAVENNA, MATTHEW DR.  
Address 1330 S FT HARRISON  
City-State-Zip: CLEARWATER FL 33756