

2021 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: No

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

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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: ANDREW MALLON MD

MANAGING PARTNER

02/15/2021

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 PATE, MARIAH DR.
Address 1330 S FT HARRISON
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