

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # 476744**

1. Entity Name  
FLORIDA EAR & SINUS CENTER, P.A.



Principal Place of Business

1901 FLOYD ST  
SARASOTA, FL 34239

Mailing Address

1901 FLOYD ST  
SARASOTA, FL 34239

**FILED**  
**Jan 11, 2007 08:00 AM**  
**Secretary of State**



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-1590885

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

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

SILVERSTEIN, HERBERT  
1901 FLOYD ST  
SARASOTA, FL 34239

**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

U00000582851  
01/11/07-80047-018 150.00

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
SILVERSTEIN, HERBERT M.D.  
1901 FLOYD ST.  
SARASOTA, FL 34239

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
ROSENBERG, SETH M.D.  
1901 FLOYD ST.  
SARASOTA, FL 34239

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
WAZEN, JACK J M.D.  
1901 FLOYD ST.  
SARASOTA, FL 34239

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
BHANOT, SUMEET M.D.  
1901 FLOYD ST.  
SARASOTA, FL 34239

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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 #

1/4/07

941-366-9222