

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 14, 2002 8:00 am**  
**Secretary of State**

08-14-2002 90022 012 \*\*\*150.00

**DOCUMENT # 551686**

1. Entity Name  
**BREVARD EAR, NOSE & THROAT CENTER, P.A.**

Principal Place of Business

% HOBSON L. WILSON  
 1099 FLORIDA AVE.  
 ROCKLEDGE FL 32955

Mailing Address

% HOBSON L. WILSON  
 1099 FLORIDA AVE.  
 ROCKLEDGE FL 32955

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1780425**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILSON, HOBSON L.**  
**1099 FLORIDA AVE.**  
**ROCKLEDGE FL 32955**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete  
 NAME **WILSON, HOBSON L, MD**  
 STREET ADDRESS **1099 FLORIDA AVE.**  
 CITY-ST-ZIP **ROCKLEDGE, FL 0**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **BURK, RONALD A, M D**  
 STREET ADDRESS **1099 FLORIDA AVE.**  
 CITY-ST-ZIP **ROCKLEDGE, FL 0**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **PHILLIPS, HANCE C, JR, MD**  
 STREET ADDRESS **1099 FLORIDA AVE.**  
 CITY-ST-ZIP **ROCKLEDGE, FL 0**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D** ☐ Delete  
 NAME **WHITLEY, DAVID M. M.D.**  
 STREET ADDRESS **1099 FLORIDA AVENUE**  
 CITY-ST-ZIP **ROCKLEDGE FL**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**8/9/02**

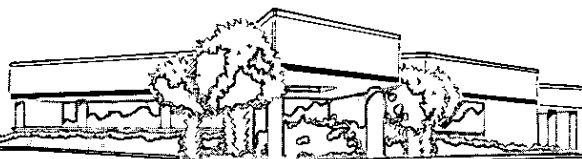
Daytime Phone #

CR2E034 (4/02)

Hobson L. Wilson, M.D., FACS  
Hance C. Phillips, M.D., FACS  
Ronald A. Burk, M.D., FACS  
Mary T. Podnos, M.D., FACS  
David M. Whitley, M.D., FACS  
Thomas S. Holt, M.D., FACS  
Board Certified Otolaryngologists

Attachment

#551686



Sherry S. Behrens, ARNP  
Registered Nurse Practitioner  
David F. Barr, Ph.D.  
Mary S. Walters, M.A., CCC-A  
Lynnette Hagerty, M.A., CCC-A  
Audiologists  
Hearing Aids

## BREVARD EAR, NOSE & THROAT CENTER

1099 FLORIDA AVE., ROCKLEDGE, FL 32955 (321) 632-6900 Fax (321) 639-7222

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Federal Tax ID# 59-1780425

To Whom It May Concern:

I am sending you the original fee of \$150.00. Our office never received an original form and request. We would greatly appreciate an abatement of the penalty.

If you have any questions, please contact our Office Manager, Carolyn Armstrong at 321-632-6900.

Sincerely,

David M. Whitley, M.D.  
Owner