

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 551686

FILED  
Feb 11, 2009  
Secretary of State

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

## Current Principal Place of Business:

% HANCE C. PHILLIPS  
1099 FLORIDA AVE.  
ROCKLEDGE, FL 32955

## New Principal Place of Business:

% RONALD A. BURK  
1099 FLORIDA AVE.  
ROCKLEDGE, FL 32955

## Current Mailing Address:

% HANCE C. PHILLIPS  
1099 FLORIDA AVE.  
ROCKLEDGE, FL 32955

## New Mailing Address:

% RONALD A. BURK  
1099 FLORIDA AVE.  
ROCKLEDGE, FL 32955

FEI Number: 59-1780425

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PHILLIPS, HANCE C.  
1099 FLORIDA AVE.  
ROCKLEDGE, FL 32955 US

## Name and Address of New Registered Agent:

BURK, RONALD A.  
1099 FLORIDA AVE.  
ROCKLEDGE, FL 32955 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: RONALD A. BURK

02/11/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: PHILLIPS, HANCE C. M, D  
Address: 1099 FLORIDA AVE.  
City-St-Zip: ROCKLEDGE, FL 32955

Title: D ( ) Delete  
Name: BURK, RONALD A, M D,  
Address: 1099 FLORIDA AVE.  
City-St-Zip: ROCKLEDGE,, FL 32955

Title: D ( ) Delete  
Name: WHITLEY, DAVID M. MD,  
Address: 1099 FLORIDA AVE.  
City-St-Zip: ROCKLEDGE, FL 32955

Title: D (X) Delete  
Name: HOLT, THOMAS S. MD,  
Address: 1099 FLORIDA AVENUE  
City-St-Zip: ROCKLEDGE, FL 32955

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: BURK, RONALD A.,  
Address: 1099 FLORIDA AVE.  
City-St-Zip: ROCKLEDGE, FL 32955

Title: D (X) Change ( ) Addition  
Name: WHITLEY, DAVID M.,  
Address: 1099 FLORIDA AVE.  
City-St-Zip: ROCKLEDGE,, FL 32955

Title: D (X) Change ( ) Addition  
Name: HOLT, THOMAS S.,  
Address: 1099 FLORIDA AVE.  
City-St-Zip: ROCKLEDGE, FL 32955

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: RONALD A. BURK

PD

02/11/2009

Electronic Signature of Signing Officer or Director

Date