

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 601229

1. Entity Name
**PALM BEACH EAR, NOSE AND THROAT ASSOCIATION,
P.A.**



Principal Place of Business
**1515 NO FLAGLER DR
STE #600
W PALM BCH, FL 33401**

Mailing Address
**1515 NO FLAGLER DR
STE #600
W PALM BCH, FL 33401**



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1265802

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MURRAY, JOHN T
1515 N FLAGLER DR
WEST PALM BEACH, FL 33401**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MURRAY, JOHN T
STREET ADDRESS	1515 N FLAGLER
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	VD
NAME	HEATON, WENDELL C
STREET ADDRESS	1515 N FLAGLER
CITY-ST-ZIP	WEST PALM BEACH, FL
TITLE	STD
NAME	AGRESTI, CAROLYN J
STREET ADDRESS	1515 N FLAGLER DRIVE, #600
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	D
NAME	DATTOLO, ROBERT
STREET ADDRESS	1515 N FLAGLER DRIVE SUITE 600
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/14/05-80103-002 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

X 4/15/05 X 561 659-2266