2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# 601229

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1265802 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CH/D ( ) Delete
Name: MURRAY, JOHN T CHR
Address: 1515 N FLAGLER, #600
City-St-Zip: WEST PALM BEACH, FL 33401

Title: P/D ( ) Delete
Name: AGRESTI, CAROLYN J P/D
Address: 1515 N FLAGLER, #600
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VP/D ( ) Delete
Name: DATTOLO, ROBERT VP/D
Address: 1515 N. FLAGER DRIVE, #600
City-St-Zip: WEST PALM BEACH, FL 33401

Title: S/D ( ) Delete
Name: MURPHY, MARK S/D
Address: 1515 N FLAGLER DRIVE, #600
City-St-Zip: WEST PALM BEACH, FL 33401

Title: T/D ( ) Delete
Name: LEHMAN, DAVID T/D
Address: 1515 N. FLAGLER DRIVE, #600
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: JAMES A. FARRELL, AUTHORIZED AGENT DIR 02/06/2009

Electronic Signature of Signing Officer or Director — Date