

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601229

FILED
Apr 30, 2010
Secretary of State

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
Name: MURRAY, JOHN T CHR
Address: 1515 N FLAGLER, #600
City-St-Zip: WEST PALM BEACH, FL 33401

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JOHN MURRAY

D

04/30/2010

Electronic Signature of Signing Officer or Director

Date