

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morth
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 602688 (4)

1. Corporation Name
EAR, NOSE & THROAT ASSOCIATES, M.D., P.A.



Principal Place of Business: 3487 BROADWAY FORT MYERS FL 33901
Mailing Address: 3487 BROADWAY FORT MYERS FL 33901

3. Date Incorporated or Qualified: 02/10/1971
3a. Date of Last Report: 03/16/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 59-1315597
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**BROWN, ROBIN C., M.D.
3487 BROADWAY
FT. MYERS FL 33901**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent Signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	BROWN, ROBIN C	
STREET ADDRESS	2626 SHRIVER	
CITY - ST - ZIP	FORT MYERS FL	
TITLE	VPS	<input type="checkbox"/> DELETE
NAME	ANDREWS, PHILLIP E.	
STREET ADDRESS	600 MOODY RD.	
CITY - ST - ZIP	N. FORT MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ANDREWS, PHILLIP E.	
STREET ADDRESS	600 MOODY RD.	
CITY - ST - ZIP	N. FORT MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Andrews, Phillip E.	
2.3 STREET ADDRESS	4625 Berkshire Rd.	
2.4 CITY - ST - ZIP	St. James City, FL 33956	
3.1 TITLE	VPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Andrews, Phillip E.	
3.3 STREET ADDRESS	4625 Berkshire Rd.	
3.4 CITY - ST - ZIP	St. James City, FL 33956	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robin C. Brown 2/28/96 941-939-2621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (date) (phone #)

CR2E034 (12/95)