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Feb 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 602688 (4)  
1. Corporation Name  
EAR, NOSE & THROAT ASSOCIATES, M.D., P.A.



Principal Place of Business Mailing Address  
3487 BROADWAY 3487 BROADWAY  
FORT MYERS FL 33901 FORT MYERS FL 33901-7213

3. Date Incorporated or Qualified 02/10/1971  
3a. Date of Last Report 03/19/1996

2. Principal Place of Business 2a. Mailing Address

4. FEI Number 59-1315597  
Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

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

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, ROBIN C., M.D.  
3487 BROADWAY  
FT. MYERS FL 33901

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with 6 rows for officers and directors. Each row includes Title, Name, Street Address, and City-ST-ZIP. Includes 'DELETE' checkboxes.

Table with 6 rows for additions/changes to officers and directors. Each row includes Title, Name, Street Address, and City-ST-ZIP. Includes 'Change' and 'Addition' checkboxes.

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature] REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/97 941 939 2621  
Date Daytime Phone #

CR2E034 (9/96)