

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602688

FILED  
Apr 17, 2009  
Secretary of State

**Entity Name:** EAR, NOSE & THROAT ASSOCIATES, M.D., P.A.

**Current Principal Place of Business:**

14171 METROPOLIS AVE, STE 101  
FORT MYERS, FL 33912

**New Principal Place of Business:**

**Current Mailing Address:**

14171 METROPOLIS AVE, STE 101  
FORT MYERS, FL 33912

**New Mailing Address:**

**FEI Number:** 59-1315597

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DONALDSON, JOHN D MD  
760 SEXTANT DRIVE  
1073  
SANIBEL, FL 33957 US

**Name and Address of New Registered Agent:**

DONALDSON, JOHN D MD  
5430 HARBOR CASTLE DR  
FORT MYERS, FL 33907 US

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: JOHN D. DONALDSON, MD

04/17/2009

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DONALDSON, JOHN D MD  
Address: 760 SEXTANT DRIVE #1073  
City-St-Zip: SANIBEL, FL 33957

Title: S ( ) Delete  
Name: LIU, RICHARD M MD  
Address: 11079 HARBOR YACHT COURT  
City-St-Zip: FORT MYERS, FL 33908

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: DONALDSON, JOHN D MD  
Address: 5430 HARBOR CASTLE DR  
City-St-Zip: FORT MYERS, FL 33907

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: JOHN D DONALDSON, MD

P

04/17/2009

Electronic Signature of Signing Officer or Director

Date