

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 31, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 602940**  
 1. Entity Name  
**TAMPA BAY ENT & COSMETIC SURGERY, P.A.**



Principal Place of Business 4600 N. HABANA SUITE 23 TAMPA, FL 33614	Mailing Address 4600 N. HABANA SUITE 23 TAMPA, FL 33614
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**DO NOT WRITE IN THIS SPACE**



03092005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1351936	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

AGLIANO, DENNIS S  
 4600 N. HABANA AVE  
 SUITE 23  
 TAMPA, FL 33614

**DO NOT WRITE IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P AGLIANO, DENNIS S. 4922 ST CRÖIX TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BOOTHBY, RENE A 2914 N SHOREVIEW PL TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 03/31/05-80031-014 150.00

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12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: RENE A. Boothby Date: 3-28-2005 Daytime Phone #: 813-877-8045  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR