

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602940

FILED
Apr 11, 2007
Secretary of State

Entity Name: TAMPA BAY ENT & COSMETIC SURGERY, P.A.

Current Principal Place of Business:

4600 N. HABANA
SUITE 23
TAMPA, FL 33614

New Principal Place of Business:

5105 N ARMENIA AVE
TAMPA, FL 33603 US

Current Mailing Address:

4600 N. HABANA
SUITE 23
TAMPA, FL 33614

New Mailing Address:

5105 N ARMENIA AVE
TAMPA, FL 33603 US

FEI Number: 59-1351936

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

AGLIANO, DENNIS S
5105 N ARMENIA AVE
TAMPA, FL 33603 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: DENNIS S AGLIANO

04/11/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AGLIANO, DENNIS S.,
Address: 4922 ST CROIX
City-St-Zip: TAMPA, FL

Title: VP () Delete
Name: BOOTHBY, RENE A
Address: 2914 N SHOREVIEW PL
City-St-Zip: TAMPA, FL 33602

Title: TR () Delete
Name: RIVERA, MIGUEL A
Address: 10128 DOWNEY LANE
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DENNIS S AGLIANO

P

04/11/2007

Electronic Signature of Signing Officer or Director

Date