

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 602940

FILED  
May 27, 2009  
Secretary of State

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

## Current Principal Place of Business:

5105 N ARMENIA AVE  
TAMPA, FL 33603 US

## New Principal Place of Business:

## Current Mailing Address:

5105 N ARMENIA AVE  
TAMPA, FL 33603 US

## New Mailing Address:

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  
5105 N ARMENIA AVE  
TAMPA, FL 33603 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

Title: O ( ) Delete  
Name: PEARL, SCOTT  
Address: 8525 CANTERBURY LAKE BLVD  
City-St-Zip: TAMPA, FL 33619

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: AGLIANO, DENNIS S.  
Address: 4922 ST CROIX  
City-St-Zip: TAMPA, FL 33629

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

Title: TR (X) Change ( ) Addition  
Name: RIVERA, MIGUEL A  
Address: 8930 LAKE SUNSET DRIVE  
City-St-Zip: TAMPA, FL 33626

Title: O (X) Change ( ) Addition  
Name: POWELL, SCOTT A  
Address: 127 FALLING WATER DRIVE  
City-St-Zip: BRANDON, FL 33511

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: CARLOS VARGAS

MGR

05/27/2009

Electronic Signature of Signing Officer or Director

Date