

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 604185

FILED  
Feb 02, 2004  
Secretary of State

**Entity Name:** CENTRAL FLORIDA ENT ASSOCIATES, P.A.

**Current Principal Place of Business:**

515 E. GARDEN ST.  
LAKELAND, FL 33805 US

**New Principal Place of Business:**

**Current Mailing Address:**

515 E. GARDEN ST.  
LAKELAND, FL 33805 US

**New Mailing Address:**

**FEI Number:** 59-1452754

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LINGAMALLU, RATNAMANI MD  
515 E. GARDEN STREET  
LAKELAND, FL 33801

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

LINGAMALLU, RATNAMANI MD  
515 E. GARDEN STREET  
LAKELAND, FL 33805

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: RATNAMANI LINGAMALLU, MD

02/02/2004

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LINGAMALLU, RATNAMANI  
Address: 515 E. GARDEN ST.  
City-St-Zip: LAKELAND, FL

Title: VP ( ) Delete  
Name: MEYERSON, LANCE R M.D.  
Address: 515 E. GARDEN STREET  
City-St-Zip: LAKELAND, FL 33805

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

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 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 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: RATNAMANI LINGAMALLU, MD

P

02/02/2004

Electronic Signature of Signing Officer or Director

Date