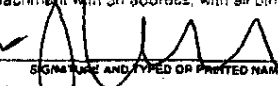


FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90013 007 ***150.00

**2004 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # 605115 1. Entity Name ENT HEALTH AND SURGICAL CENTER, P.A.					
Principal Place of Business 1735 W HIBISCUS BLVD SUITE 100 MELBOURNE, FL 32901 US			Mailing Address 1735 W HIBISCUS BLVD SUITE 100 MELBOURNE, FL 32901 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip		Country	
4. FEI Number 59-1520206				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FREEDMAN, FRED 1735 W HIBISCUS BLVD SUITE 100 MELBOURNE, FL 32901			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ Signature: typed or printed name of registered agent must follow if applicable. (NOTE: Registered Agent signature required when substituting)					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD FREEDMAN, FRED ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	1735 W HIBISCUS BLVD #100		NAME		
STREET ADDRESS	MELBOURNE, FL 32901		STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	DVP ☒ Delete		TITLE	☐ Change ☐ Addition	
NAME	ISBELL, EUCLID A		NAME		
STREET ADDRESS	1735 W HIBISCUS BLVD SUITE 100		STREET ADDRESS		
CITY- ST- ZIP	MELBOURNE, FL 32901		CITY- ST- ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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: 			7-21-04 321-724-2710 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

44050094



07192004 Chg-P CR2E034 (10/03)

Attachment
44050094

July 21, 2004

Division of Corporations
P.O.Box 1500
Tallahassee, FL 32302-1500

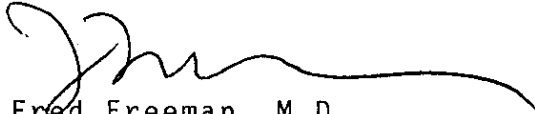
Re: Document #605115

Enclosed is a check and signed form for 2004 Profit Corporation Annual Report.

~~We never received the post card regarding this; in the past we had always gotten the forms from the State.~~

If there is anything else that you need please contact the office.

Thank You



Fred Freeman, M.D.
FF/DL

ENT Health & Surgical Center, PA
1735 W. Hibiscus Blvd Ste 100
Melbourne, FL 32901

Phone: 321-724-2718