07/19/2004 10:48 FAX 407 571 4090 HMS CPAs

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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.

44050094

Principal Place of Business	Mailing Address
1735 W HIBICUS BLVD SUITE 100 MELBOURNE, FL 32901 US	1735 W HIBICUS 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 / Country	Zip / Country

07192004 Chg-P CR2E034 (10/03)

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
FREEDMAN, FRED
1735 W HIBISCUS BLVD
SUITE 100
MELBOURNE, FL 32901

7. Name and Address of New Registered Agent
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 and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD FREEDMAN, FRED 1735 W HIBISCUS BLVD #100 MELBOURNE, FL 32901 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP ISBELL, EUCLID A 1735 W HIBISCUS BLVD SUITE 100 MELBOURNE, FL 32901 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: ✓ [signature] 7-21-04 321-724-2718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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