

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2005 08:00 AM
Secretary of State

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



03122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1520206	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FREEDMAN, FRED
STREET ADDRESS	1735 W HIBISCUS BLVD #100
CITY - ST - ZIP	MELBOURNE, FL 32901

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000269937
03/19/05-80031-008 150.00

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-16-05

321-724-2718