

2008 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

FILED
Aug 01, 2008 08:00 AM
Secretary of State



07252008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1520206

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

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

000000956867
08/01/08-80003-009 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution, ☐

**\$5.00 May Be
Added to Fees**

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

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

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 #

7/28/08 321 724-2718