

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712811

FILED
Jan 20, 2005
Secretary of State

Entity Name: FLORIDA SOCIETY OF OTOLARYNGOLOGY, INCORPORATED

Current Principal Place of Business:

6134 POPLAR BLUFF CIR.
101
NORCROSS, GA 30092

New Principal Place of Business:

Current Mailing Address:

6134 POPLAR BLUFF CIR.
SUITE101
NORCROSS, GA 30092

New Mailing Address:

FEI Number: 59-6201213 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MADDERN, BRUCE MD
820 PRUDENTIAL DRIVE
SUITE 315
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

TELISCHI, FRED MD
P.O. BOX 16960
MIAMI, FL 33101 US

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: FRED TELISCHI, MD 01/20/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: THOMAS, MORRISH MD
Address: 2010 59TH ST W
City-St-Zip: BRADENTON, FL 34221 US

Title: ED () Delete
Name: MORRISON, TARA M
Address: 61347 POPLAR BLUFF CIR
City-St-Zip: NORCROSS, GA 30092 US

Title: PD () Delete
Name: MADDERN, BRUCE MD
Address: 820 PRUDENTIAL DR.
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: PE () Delete
Name: TELISCHI, FRED MD
Address: 1475 NW 12TH ST.
City-St-Zip: MIAMI, FL 33101 US

Title: IPP () Delete
Name: MCCAFFREY, THOMAS MD, PHD
Address: 12902 MAGNOLIA DRIVE
City-St-Zip: TAMPA, FL 33612 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: JOSEPHSON, GARY MD
Address: 807 CHILDRESN WAY
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: ED (X) Change () Addition
Name: MORRISON, TARA M
Address: 61347 POPLAR BLUFF CIR
City-St-Zip: NORCROSS, GA 30092 US

Title: PD (X) Change () Addition
Name: TELISCHI, FRED MD
Address: P.O. BOX 16960
City-St-Zip: MIAMI, FL 33101 US

Title: PE (X) Change () Addition
Name: MORRISH, TOM MD
Address: 2010 59TH ST W
City-St-Zip: BRADENTON, FL 34221 US

Title: IPP (X) Change () Addition
Name: MADDERN, BRUCE MD
Address: 820 PRUDENTIAL DR.
City-St-Zip: JACKSONVILLE, FL 32207 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TARA M. MORRISON ED 01/20/2005

Electronic Signature of Signing Officer or Director Date