

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712811

FILED  
Jan 04, 2008  
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:**

JOSEPHSON, GARY MD  
807 CHILDRENS WAY  
JACKSONVILLE, FL 32207 US

**Name and Address of New Registered Agent:**

WIDICK, MARK H MD  
900 NW 13TH ST  
#206  
BOCA RATON, FL 33486 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: MARK H. WIDICK

01/04/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: VILLARET, DOUG MD  
Address: PO BOX 100264  
City-St-Zip: GAINESVILLE, FL 32610 US

Title: ED ( ) Delete  
Name: MORRISON, TARA M  
Address: 6134 POPLAR BLUFF CIR  
City-St-Zip: NORCROSS, GA 30092 US

Title: PD ( ) Delete  
Name: JOSEPHSON, GARY MD  
Address: 807 CHILDRENS WAY  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: PE ( ) Delete  
Name: WIDICK, MARK MD  
Address: 900 NW 13TH ST #206  
City-St-Zip: BOCA RATON, FL 33486 US

Title: IPP ( ) Delete  
Name: MORRISH, TOM MD  
Address: 701 MANATEE AVE. W  
City-St-Zip: BRADENTON, FL 34205 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: SD (X) Change ( ) Addition  
Name: OWENS, MICHAEL MD  
Address: 13140 SW 70TH AVE  
City-St-Zip: MIAMI, FL 33156 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: WIDICK, MARK H MD  
Address: 900 NW 13TH ST, #206  
City-St-Zip: BOCA RATON, FL 33486 US

Title: PE (X) Change ( ) Addition  
Name: VILLARET, DOUGLAS B MD  
Address: PO BOX 100264, UNIVERSITY OF FLORIDA  
City-St-Zip: GAINESVILLE, FL 32610 US

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

01/04/2008

Electronic Signature of Signing Officer or Director

Date