

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712811

FILED
Jan 07, 2009
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:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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 MORRISON, CAE

ED

01/07/2009

Electronic Signature of Signing Officer or Director

Date