

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H63145

FILED  
Mar 29, 2010  
Secretary of State

**Entity Name:** FLORIDA OTOLARYNGOLOGY GROUP, P.A.

**Current Principal Place of Business:**

7251 UNIVERSITY BLVD  
SUITE 300  
WINTER PARK, FL 32792

**New Principal Place of Business:**

**Current Mailing Address:**

7251 UNIVERSITY BLVD  
SUITE 300  
WINTER PARK, FL 32792

**New Mailing Address:**

**FEI Number:** 59-2591108

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DUBBIN, CLIFFORD B M.D.  
7251 UNIVERSITY BLVD  
SUITE 300  
WINTER PARK, FL 32792 US

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

MOKRIS, MICHAEL S M.D.  
7251 UNIVERSITY BLVD  
SUITE 300  
WINTER PARK, FL 32792 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: MICHAEL S. MOKRIS, M.D.

03/29/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MOKRIS, MICHAEL S M.D.  
Address: 7251 UNIVERSITY BLVD #300  
City-St-Zip: WINTER PARK, FL 32792 US

Title: V  
Name: SAFFRAN, ALAN J M.D.  
Address: 7251 UNIVERSITY BLVD #300  
City-St-Zip: WINTER PARK, FL 32792 US

Title: V  
Name: HUH, JOHN F M.D.  
Address: 7251 UNIVERSITY BLVD #300  
City-St-Zip: WINTER PARK, FL 32792 US

Title: S  
Name: REESE, BRADLEY R M.D.  
Address: 7251 UNIVERSITY BLVD #300  
City-St-Zip: WINTER PARK, FL 32792 US

Title: T  
Name: REESE, BRADLEY R M.D.  
Address: 7251 UNIVERSITY BLVD #300  
City-St-Zip: WINTER PARK, FL 32792 US

Title: V  
Name: BOGER, GREGORY N M.D.  
Address: 7251 UNIVERSITY BLVD #300  
City-St-Zip: WINTER PARK, FL 32792 US

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL S. MOKRIS, M.D.

P

03/29/2010

Electronic Signature of Signing Officer or Director

Date