

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90136 010 ***150.00

40001000




04252005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2749337	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

DOCUMENT # J49678
1. Entity Name
BRANDON AREA EAR, NOSE & THROAT, P.A.



Principal Place of Business 721 W ROBERTSON ST 108 BRANDON, FL 33511	Mailing Address 721 W ROBERTSON ST 108 BRANDON, FL 33511
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

YAVELow, STEPHEN L.
721 W ROBERTSON ST 108
BRANDON, FL 33511

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: *Stephen L. Yavelow* DATE: 4/26/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D YAVELow, STEPHEN L. MD 4505 HICKORY CREEK LANE BRANDON, FL
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12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR