## 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OF

## Feb 01, 2007 08:00 AM DOCUMENT # J49678 Secretary of State 1. Entity Namo BRANDON AREA EAR, NOSE & THROAT, P.A. Mailing Address Principal Place of Business 721 W ROBERTSON ST 108 721 W ROBERTSON ST 108 BRANDON FL 33511 BRANDON FL 33511 2. Principal Place of Business - No P.O. Box # 3. Mailing Addross Suito, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-2749337 Not Applicable Zip Country Ζ<sub>ip</sub> Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YAVELOW, STEPHEN L. 721 W ROBERTSON ST 108 Street Address (P.O. Box Number is Not Acceptable) BRANDON FL 33511 City Zip Code 8. The above named ontity 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 ager SIGNATURE Signature, typed or printed name of registered agent and title if appli (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D ШЕ TITLE ☐ Change ☐ Addition ☐ Delete YAVELOW, STEPHEN L. MD U00000616563 02/07/07-80033-011 150.00 NAME NAME 4505 HICKORY CREEK LANE STREET ADDRESS STREET ADDRESS **BRANDON FL** CITY ST ZIP CHY-ST-ZIP IIII ☐ Delete TITLE ☐ Change Addition NALS MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP ☐ Delete ☐ Change Addition 🗌 NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY - ST - ZIP Addition Ш ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY ST-7IP ШЕ IIILE ☐ Addition Delete ☐ Change NAME NAM STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP 12. I heroby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos. 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 annowared.

**FILED** 

Daytime Phone #