

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90053 037 \*\*\*150.00

**DOCUMENT # K32370**

1. Entity Name  
**BROWARD EAR, NOSE, THROAT & ALLERGY, P.A.**



Principal Place of Business  
**4101 NW 4TH STREET  
# 100  
PLANTATION, FL 33317**

Mailing Address  
**4101 NW 4TH STREET  
# 100  
PLANTATION, FL 33317**

**DO NOT WRITE IN THIS SPACE**



02062007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0070880**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**POOLE KEENAN CPA**  
~~XXXXXX XXXXXX XXXX~~ **300 S. Pine Island Road**  
~~XXXXXX~~ **Suite 300**  
~~XXXXXX XXXXXX XXXX~~ **Plantation, FL 33324**

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	BURNS, LAWRENCE S.
STREET ADDRESS	4101 NW 4TH ST
CITY-ST-ZIP	PLANTATION, FL
TITLE	D
NAME	HESSE, SABINE
STREET ADDRESS	4101 NW 4th Street, Suite 100
CITY-ST-ZIP	Plantation, FL 33317
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/8/07

954 583-7770