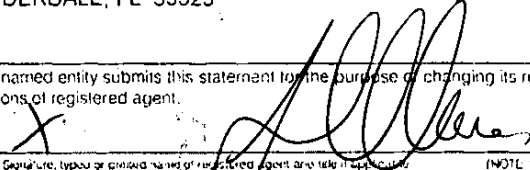
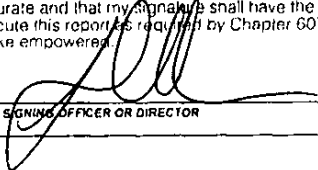


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90345 030 ***150.00

DOCUMENT # K32370					
1. Entity Name BROWARD EAR, NOSE, THROAT & ALLERGY, P.A.					
Principal Place of Business 1150 N 35TH AVE, #205 HOLLYWOOD, FL 33021			Mailing Address 1150 N 35TH AVE, #205 HOLLYWOOD, FL 33021		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0070880	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent POOLE KEENAN CPA 13450 W SUNRISE BLVD STE 150 FORT LAUDERDALE, FL 33323			7. Name and Address of New Registered Agent Name SABINE HESSE Street Address (P.O. Box Number is not Acceptable) 1150 N 35TH AVE #201 HOLLYWOOD FL 33021 City FL Zip Code		
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:  (NOTE: Registered Agent signature required when registering) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURNS, LAWRENCE S. 4101 NW 4TH ST PLANTATION, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sabine V. Hesse 1150 N. 35th Ave #205 Hollywood- FL 33021	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HESSE, SABINE 4101 NW 4TH ST., STE 100 PLANTATION, FL 33317	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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:  4/22/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					