

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K32370

FILED  
Mar 12, 2010  
Secretary of State

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

**Current Principal Place of Business:**

1150 N 35TH AVE  
# 205  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

1317 SE 4TH AVE  
FT. LAUDERDALE, FL 33316 US

**Current Mailing Address:**

1150 N 35TH AVE, #205  
HOLLYWOOD, FL 33021 US

**New Mailing Address:**

1317 SE 4TH AVE  
FT. LAUDERDALE, FL 33316 US

**FEI Number:** 65-0070880

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HESSE, SABINE V MD  
1150 N 35TH AVE  
HOLLYWOOD, FL 33021 US

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

HESSE, SABINE V MD  
1317 SE 4TH AVE  
FT. LAUDERDALE, FL 33316 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:

03/12/2010

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HESSE, SABINE V MD  
Address: 1317 SE 4TH AVE  
City-St-Zip: FT. LAUDERDALE, FL 33316 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: SABINE V. HESSE

PST

03/12/2010

Electronic Signature of Signing Officer or Director

Date