

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90146 001 \*\*\*150.00

**DOCUMENT #** K68308

1. Entity Name

South Florida Ear, Nose & Throat Center, P.A.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
3365 Burns Road

3. Mailing Address  
3365 Burns Road

Suite, Apt. #, etc.  
203

Suite, Apt. #, etc.  
203

DO NOT WRITE IN THIS SPACE

City & State  
Palm Beach Gardens FL

City & State  
Palm Beach Gardens FL

4. FEI Number  
65-0103471

Applied For  
Not Applicable

Zip  
33410

Country  
USA

Zip  
33410

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Homisco Incorporation, Inc.

~~Honigman Miller Schwartz & Cohn, P.A.~~

Street Address (P.O. Box Number is Not Acceptable)

222 Lakeview Ave., Suite 800

City

West Palm Beach

FL

Zip Code

33401

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST Jacobson, Alan L. 3365 Burns Road, Suite 203 Palm Beach Gardens, FL 33410
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**DO NOT WRITE  
IN THIS SPACE**

13. 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 reports 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 11 or on an attachment with an address, with all other fee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALAN L. JACOBSON-2202

Date

561-642-2377

Daytime Phone #

CR2E034B (12/01)