


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 28, 2004 8:00 am
Secretary of State

04-30-2004 90233 008 ***150.00

66424761

DOCUMENT # K68308	
1. Entity Name SOUTH FLORIDA EAR, NOSE AND THROAT CENTER, P.A.	

Principal Place of Business 3365 BURNS ROAD SUITE 203 PALM BEACH GARDENS, FL 33410 US	Mailing Address 3365 BURNS ROAD SUITE 203 PALM BEACH GARDENS, FL 33410 US
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DO NOT WRITE IN THIS SPACE

04202004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0103471	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LEVINE, BRAHM D
515 N. FLAGLER DR.
SUITE 300-P
W PALM BCH, FL 33401**

**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 reappointing)

DATE **5-22-05**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST JACOBSON, ALAN L. 3365 BURNS RD #203 PALM BEACH GARDENS, FL 33410
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IN THIS SPACE**

12. 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 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 # **561 626-9523**