

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K68308

FILED
Jan 11, 2008
Secretary of State

Entity Name: SOUTH FLORIDA EAR, NOSE AND THROAT CENTER, P.A.

Current Principal Place of Business:

600 HERITAGE DRIVE
SUITE 220
JUPITER, FL 33458 US

New Principal Place of Business:

Current Mailing Address:

600 HERITAGE DRIVE
SUITE 220
JUPITER, FL 33458 US

New Mailing Address:

FEI Number: 65-0103471

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVINE, BRAHM D
500 S. AUSTAILIAN AVE
SUITE 610
W PALM BCH, FL 33401 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: JACOBSON, ALAN L.,
Address: 600 HERITAGE DRIVE, SUITE 220
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ALAN L. JACOBSON

MD

01/11/2008

Electronic Signature of Signing Officer or Director

Date