## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K68308

FILED Apr 20, 2009 Secretary of State

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

**New Principal Place of Business: Current Principal Place of Business:** 600 HERITAGE DRIVE SUITE 220 JUPITER, FL 33458 **New Mailing Address: Current Mailing Address:** 600 HERITAGE DRIVE SUITE 220 JUPITER, FL 33458 US FEI Number: 65-0103471 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LEVINE, BRAHM D LEVINE, BRAHM D 500 S. ÁUSTAILIAN AVE 500 S. ÁUSTRALIAN AVE SUITE 610 SUITE 610 W PALM BCH, FL 33401 US W PALM BCH, FL 33401 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: 04/20/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DPST ( ) Delete Title: () Change () Addition Name: JACOBSON, ALAN L. Name: 600 HERITAGE DRIVE, SUITE 220 Address: Address: City-St-Zip: JUPITER, FL 33458 City-St-Zip:

City-St-Zip: JOPHER, PL 33438

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 P 04/20/2009