

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K68308

FILED  
Apr 21, 2010  
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. AUSTRALIAN 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  
**Name:** JACOBSON, ALAN L.  
**Address:** 600 HERITAGE DRIVE, SUITE 220  
**City-St-Zip:** JUPITER, FL 33458

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:** ALAN JACOBSON

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04/21/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date