


**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 91292 012 \*\*\*150.00

<b>DOCUMENT # K68308</b>					
1. Entity Name <b>SOUTH FLORIDA EAR, NOSE AND THROAT CENTER, P.A.</b>					
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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HOMISCO INCORPORATION, INC. HONIGMAN MILLER SCHWARTZ AND COHN, P.A. 222 LAKEVIEW AVENUE SUITE 800 W PALM BCH, FL 33401			Name <b>BRAHM D. LEVINE</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>515 N. FLAGLER DR.</b>		
			<b>SUITE 300-P</b>		
			City <b>WEST PALM BEACH FL</b> Zip Code <b>33401</b>		
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 <u><i>Brahm D. Levine</i></u> DATE <u>04/17/03</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	DPST	JACOBSON, ALAN L.	3365 BURNS RD #203		
		PALM BEACH GARDENS, FL 33410			
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: <u><i>Alan L. Jacobson</i></u> DATE <u>4-23-03</u> DAYTIME PHONE # <u>561-622-6377</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0103471** Applied For ☐ Not Applicable ☐

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

CR2E034 (10/02)