

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 03 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005880 (9)

1. Corporation Name

THE EAR FOUNDATION OF FLORIDA, INC.



Principal Place of Business

Mailing Address

201 E. SAMPLE ROAD
% NORTH BROWARD MEDICAL CTR.
POMPANO BEACH FL 33064

201 E. SAMPLE ROAD
% NORTH BROWARD MEDICAL CTR.
POMPANO BEACH FL 33064-3502

3. Date Incorporated or Qualified
11/28/1994

3a. Date of Last Report
01/25/1996

2. Principal Place of Business

2a. Mailing Address

21 900 NW 13th St

26 900 NW 13th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 206

27 Boca Raton FL

City & State

City & State

23 Boca Raton

28 Suite 206

Zip

Country

24 33486

25 USA

29 33486

30 USA

4. FEI Number
23-7144993

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WIDICK, MARK
201 E. SAMPLE ROAD
BOCA RATON FL 33064

81 Name Mark Widick
82 Street Address (P.O. Box Number is Not Acceptable)
900 NW 13th St Suite 206
83
84 City Boca Raton FL 85 Zip Code 33486

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Mark Widick MD Mark Widick MD 2/5/97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WIDICK, MARK	
STREET ADDRESS	201 E. SAMPLE ROAD	
CITY-ST-ZIP	BOCA RATON FL 33064	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	JEFFCOTE, RICHARD	
STREET ADDRESS	201 E. SAMPLE ROAD	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PIERRE, AVA	
STREET ADDRESS	201 E. SAMPLE ROAD	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Gerald Reiss
2.3 STREET ADDRESS	4700 Sheridan Street Bldg. N
2.4 CITY-ST-ZIP	Kellywood FL 33027-3497
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD Kelly Figueroa
3.3 STREET ADDRESS	900 NW 13 th St
3.4 CITY-ST-ZIP	Boca Raton FL 33486
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mark Widick MD Mark Widick MD 2/5/97 (561) 338-3267
Signature typed or printed name of signing officer or director Date Daytime Phone # 0022013

CR2E037 (9/96)