## 2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P01000009485**

1. Entity Name

ASSOCIATED COASTAL EAR, NOSE & THROAT PHYSICIANS, P.A.



**FILED** Feb 25, 2008 08:00 AM **Secretary of State** 

Principal Place of Business

4632 S 25 ST

FT PIERCE, FL 34981

Mailing Address 4632 S 25 ST

FT PIERCE, FL 34981



02142008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3695241

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daylime Phone #

6. Name and Address of Current Registered Agent

ALLEN, RICHARD B 4632 S 25 ST FT PIERCE, FL 34981

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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 Signature. typed or printed name of registered agent and little if applicable. (NOTE, Registered Agent signature required when reinstating)  DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Finant Trust Fund Contribution	cing	\$5.00 May Be Added to Fees	U00000836486 03/04/08-80019-008 150.00
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST ALLEN, RICHARD B 4632 S 25 ST FT PIERCE, FL 34981				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SLACK, CHRISTOPHER 4632 S 25TH ST FORT PIERCE, FL 34981				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC RICHARDS, MICHELE L DR 4632 S 25TH STREET FORT PIERCE, FL 34981			DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>-</sup>	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS					,
12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR