

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000009485

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** ASSOCIATED COASTAL EAR, NOSE & THROAT PHYSICIANS, P.A.

**Current Principal Place of Business:**

4632 S 25 ST  
FT PIERCE, FL 34981

**New Principal Place of Business:**

**Current Mailing Address:**

4632 S 25 ST  
FT PIERCE, FL 34981

**New Mailing Address:**

**FEI Number:** 59-3695241

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALLEN, BARBARA S  
4632 S 25 ST  
FT PIERCE, FL 34981 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

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: ALLEN, RICHARD B  
Address: 4632 S 25 ST  
City-St-Zip: FT PIERCE, FL 34981

Title: VP  
Name: SLACK, CHRISTOPHER  
Address: 4632 S 25TH ST  
City-St-Zip: FORT PIERCE, FL 34981

Title: SEC  
Name: RICHARDS, MICHELE L DR  
Address: 4632 S 25TH STREET  
City-St-Zip: FORT PIERCE, FL 34981

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: RICHARD ALLEN

PST

04/25/2011

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

\_\_\_\_\_ Date