

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000009485

FILED
Mar 21, 2012
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: BARBARA ALLEN

RA

03/21/2012

Electronic Signature of Signing Officer or Director

Date