2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000091293

Entity Name: KOTLARZ E.N.T. & FACIAL PLASTIC SURGERY, P.A.

FILED Jun 24, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

975 ROYCE STREET 6100 N. DAVIS HWY. PENSACOLA, FL 32503 PENSACOLA, FL 32504

Current Mailing Address: New Mailing Address:

975 ROYCE STREET 6100 N. DAVIS HWY. PENSACOLA, FL 32503 PENSACOLA, FL 32504

FEI Number: 59-3753855 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

KOTLARZ, JACK 4100 BRITTANY COURT PENSACOLA, FL 32504 US

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. () Delete Title: DR. (X) Change () Addition

 Name:
 KOTLARZ, JACK
 Name:
 KOTLARZ, JACK

 Address:
 975 ROYCE ST
 Address:
 6100 N. DAVIS HWY.

 City-St-Zip:
 PENSACOLA, FL 32503
 City-St-Zip:
 PENSACOLA, FL 32504

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JACK KOTLARZ DR. 06/24/2009