

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000035117

FILED
Feb 20, 2003
Secretary of State

Entity Name: ENT HEAD & NECK SURGERY, INC.

Current Principal Place of Business:

18317 BANKSTON PL
TAMPA, FL 33647

New Principal Place of Business:

6000 WEST HWY 98
PENSACOLA, FL 32512-000

Current Mailing Address:

18317 BANKSTON PL
TAMPA, FL 33647

New Mailing Address:

594 BATTEN BLVD.
SUITE-101
PENSACOLA, FL 32507

FEI Number: 01-0656590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAVIWALA, SALEEM ISMAIL DR
18317 BANKSTON PL
TAMPA, FL 33647

Name and Address of New Registered Agent:

NAVIWALA, SALEEM I DR
594 BATTEN BLVD.
PENSACOLA, FL 32507

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: SALEEM I. NAVIWALA, MD

02/20/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NAVIWALA, SALEEM I MD
Address: 18317 BANKSTON PL
City-St-Zip: TAMPA, FL 33647

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: NAVIWALA, SALEEM I MD
Address: 594 BATTEN BLVD.
City-St-Zip: PENSACOLA, FL 32507

Title: O () Change (X) Addition
Name: NAVIWALA, SHAHNAZ B
Address: 594 BATTEN BLVD.
City-St-Zip: PENSACOLA, FL 32507

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SALEEM I. NAVIWALA, MD

D

02/20/2003

Electronic Signature of Signing Officer or Director

Date