

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000096504

FILED
Apr 25, 2005
Secretary of State

Entity Name: NORTH FLORIDA OTOLARYNGOLOGY ASSOCIATES, P.A.

Current Principal Place of Business:

1801 BARRS STREET
SUITE 700
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

1801 BARRS STREET
SUITE 700
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 51-0425438

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YONG, FRANK J
4570 ST. JOHNS AVE., SUITE 1A
JACKSONVILLE, FL 32210 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LAUCKS, RICHARD C MD
Address: 4314 MCGIRTS BLVD
City-St-Zip: JACKSONVILLE, FL 32210

Title: VP () Delete
Name: LAUCKS, CHERYL P
Address: 4314 MCGIRTS BLVD
City-St-Zip: JACKSONVILLE, FL 32210

Title: S () Delete
Name: LAUCKS, RICHARD G MD
Address: 4314 MCGIRTS BLVD
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RICHARD C LAUCKS MD

P

04/25/2005

Electronic Signature of Signing Officer or Director

Date