2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2010
Secretary of State

DOCUMENT# P02000096504

Entity Name: NORTH FLORIDA OTOLARYNGOLOGY ASSOCIATES, INC.

Current Principal Place of Business:

2 SHIRCLIFF WAY
SUITE 700
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

2 SHIRCLIFF WAY
SUITE 700
JACKSONVILLE, FL 32204

New Mailing Address:

4314 MCGIRTS BLVD.
JACKSONVILLE, FL 32210

FEI Number: 51-0425438 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAUCKS, RICHARD C
2 SHIRCLIFF WAY
SUITE 700
JACKSONVILLE, FL 32204 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
Name: LAUCKS, RICHARD C MD
Address: 4314 MCGIRTS BLVD
City-St-Zip: JACKSONVILLE, FL 32210

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

Title: S
Name: LAUCKS, RICHARD C MD
Address: 4314 MCGIRTS BLVD
City-St-Zip: JACKSONVILLE, FL 32210

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: CHERYL P LAUCKS VP 04/21/2010
Electronic Signature of Signing Officer or Director Date