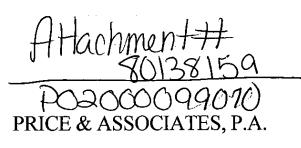
FILED

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Aug 13, 2003 8:00 am Secretary of State P02000099070 DOCUMENT # 08-13-2003 90075 042 ***150.00 1. Entity Name THE EAR, NOSE & THROAT CENTER, P.A. Principal Place of Business Mailing Address 7915 BAY STREET 7915 BAY STREET SEBASTIAN FL 32958 SEBASTIAN FL 32958 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For City & State City & State Not Applicable 76-0714569 Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NINKE, JOSEPH A Street Address (P.O. Box Number is Not Acceptable) 7915 BAY STREET SEBASTIAN FL 32958 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NINKE, JOSEPH A NAME NAME 7915 BAY STREET STREET ADDRESS STREET ADDRESS SEBASTIAN FL 32958 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE Change NAME NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if

changed, or on an attachment with an address, with all other like empowered



CERTIFIED PUBLIC ACCOUNTANTS

1623 U.S. #1, Suite B-4 P.O. Box 780698 Sebastian, FL 32978-0698 (772) 589-8981 Fax (772) 589-9048

730 E. Strawbridge Ave., Ste 204 Melbourne, FL 32935 (321) 729-9611 Fax (321) 956-8669

Reply to: Sebastian

August 8, 2003

Division of Corporations PO Box 1500 Tallahassee, FL 32302-1500

RE: The Ear, Nose & Throat Center, P.A.

EIN: 76-0714569

Document #P02000099070 2003 Uniform Business Report

Please find the enclosed 2003 Uniform Business Report for Pink Flamingo Motel, Inc. This is the first year the corporation has been in existence and they were unaware of this report. This is the first report the corporation received. Therefore, the taxpayer has completed this report and is submitting the original \$150.00 due with the report. Please accept payment and abate the additional penalty.

Thank you for your consideration in this matter.

Very Truly Yours,

C. Clay Price, CPA

/tmo

Enclosures

cc: The Ear, Nose & Throat Center, P.A.

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