2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# P02000104864

Entity Name: MICHAEL V. RIESBERG MD OTOLARYNGOLOGY AND PERFORMING ARTS MEDICINE, INC.

Current Principal Place of Business:

2411 EXECUTIVE PLAZA DRIVE
SUITE 1
PENSACOLA, FL 32504

New Principal Place of Business:

4900 NORTH DAVIS HWY
PENSACOLA, FL 32503

Current Mailing Address:

2411 EXECUTIVE PLAZA DRIVE
SUITE 1
PENSACOLA, FL 32504

New Mailing Address:

4900 NORTH DAVIS HWY
PENSACOLA, FL 32503

FEI Number: 54-2076559 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RIESBERG, MICHAEL V MD
8211 KLONDIKE RD
PENSACOLA, FL 32526 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: D ( ) Delete
Name: RIESBERG, MICHAEL V M.D.
Address: 2411 EXECUTIVE PLAZA DRIVE STE 1
City-St-Zip: PENSACOLA, FL 32504

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: RIESBERG, MICHAEL V M.D.
Address: 4900 NORTH DAVIS HWY
City-St-Zip: PENSACOLA, FL 32503

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: MICHAEL V RIESBERG D 03/04/2009
Electronic Signature of Signing Officer or Director Date