

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000018625**

1. Entity Name  
**EAR, NOSE, THROAT & FACIAL PLASTICS OF SOUTH  
BROWARD, INC.**



Principal Place of Business  
**4273 CASPER COURT  
HOLLYWOOD, FL 33021**

Mailing Address  
**4273 CASPER COURT  
HOLLYWOOD, FL 33021**



01102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3780886**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**COLMAN, NANCY B ESQ  
BARITZ & COLMAN LLP  
150 EAST PALMETTO PARK ROAD SUITE 750  
BOCA RATON, FL 33432**

**DO NOT WRITE  
IN THIS SPACE**

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 \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**UD0000555229  
05/16/06-80025-016 150.00**

**10. OFFICERS AND DIRECTORS**

|                |                     |
|----------------|---------------------|
| TITLE          | DPVS                |
| NAME           | SHAPIRO, CRAIG DO   |
| STREET ADDRESS | 4273 CASPER COURT   |
| CITY-ST-ZIP    | HOLLYWOOD, FL 33021 |
| TITLE          | T                   |
| NAME           | SHAPIRO, CRAIG DO   |
| STREET ADDRESS | 4273 CASPER COURT   |
| CITY-ST-ZIP    | HOLLYWOOD, FL 33021 |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/12/06**

Date

Daytime Phone #