

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000018625

**FILED**  
**Jan 11, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

500 N HIATUS RD  
STE 101  
HOLLYWOOD, FL 33026

**New Principal Place of Business:**

**Current Mailing Address:**

4273 CASPER COURT  
HOLLYWOOD, FL 33021

**New Mailing Address:**

**FEI Number:** 59-3780886

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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 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: DPVS  
Name: SHAPIRO, CRAIG DO  
Address: 4273 CASPER COURT  
City-St-Zip: HOLLYWOOD, FL 33021

Title: T  
Name: SHAPIRO, CRAIG DO  
Address: 4273 CASPER COURT  
City-St-Zip: HOLLYWOOD, FL 33021

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: CRAIG SHAPIRO

DO

01/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date