

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000101510

FILED
Jan 16, 2006
Secretary of State

Entity Name: WESTCHASE ENT AND FACIAL PLASTIC SURGERY, P.A.

Current Principal Place of Business:

10860 SHELDON ROAD
TAMPA, FL 336265117

New Principal Place of Business:

Current Mailing Address:

10860 SHELDON ROAD
TAMPA, FL 336265117

New Mailing Address:

FEI Number: 20-1337228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AEBEL, ERIN S
101 E KENNEDY BLVD SUITE 3800
TAMPA, FL 33602 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: LEE, JANET MD
Address: 501 SOUTH MODDY #1110
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: LEE, JANET I MD
Address: 12016 CITRUS FALLS CIRCLE #304
City-St-Zip: TAMPA, FL 33625

I hereby certify that the information supplied with this filing does not qualify for the 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: JANET I. LEE

DR.

01/16/2006

Electronic Signature of Signing Officer or Director

Date