

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000101510

**FILED**  
**Feb 17, 2010**  
**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:**

LEE, JANET I  
10860 SHELDON ROAD  
TAMPA, FL 33626 US

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: JANET I LEE

02/17/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

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: JANET I LEE

MD

02/17/2010

Electronic Signature of Signing Officer or Director

Date