2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007
Secretary of State

DOCUMENT# P05000085193

Entity Name: JACKSONVILLE OTOLARYNGOLOGY AND FACIAL PLASTIC SURGERY, P.A.

Current Principal Place of Business:

836 PRUDENTIAL DR.
SUITE 807
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

Current Mailing Address:

836 PRUDENTIAL DR.
SUITE 807
JACKSONVILLE, FL 32207 US

New Mailing Address:

FEI Number: 20-2995628 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHARER, SCOTT
836 PRUDENTIAL DR.
SUITE 807
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

SCHARER, SCOTT MD
836 PRUDENTIAL DR.
SUITE 807
JACKSONVILLE, FL 32207 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: DR. SCOTT SCHARER 02/05/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SCHARER, SCOTT
Address: 13466 LONG CYPRESS TRAIL
City-St-Zip: JACKSONVILLE, FL 32223 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: SCHARER, SCOTT
Address: 13466 LONG CYPRESS TRAIL
City-St-Zip: JACKSONVILLE, FL 32223 US

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: SCOTT SCHARER DR 02/05/2007
Electronic Signature of Signing Officer or Director Date