

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000023934



1. Entity Name
ORLANDO EAR NOSE & THROAT ASSOCIATES, P.A.

Principal Place of Business
5830 LAKE UNDERHILL RD.
ORLANDO, FL 32807

Mailing Address
5830 LAKE UNDERHILL RD.
ORLANDO, FL 32807



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3172112

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEFKOWITZ, IVAN M
430 NORTH MILLS AVE.
ORLANDO, FL 32803

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	BIBLIOWICZ, MICHAEL M
STREET ADDRESS	4399 GABRIELLA LANE
CITY-ST-ZIP	WINTER PARK, FL 32792

TITLE	V
NAME	HARRINGTON, DALE C
STREET ADDRESS	5138 FAIRWAY OAKS DRIVE
CITY-ST-ZIP	WINDEMERE, FL 34786

TITLE	D
NAME	RABAJA, DAVID R
STREET ADDRESS	9743 CHESTNUT RIDGE DR
CITY-ST-ZIP	WINDERMERE, FL 34786

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/18/08-80042-016 150.00

**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

Date

Daytime Phone #

1/16/08 407-658-0228