

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000023934

FILED  
Feb 02, 2009  
Secretary of State

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

## Current Principal Place of Business:

5830 LAKE UNDERHILL RD.  
ORLANDO, FL 32807

## New Principal Place of Business:

5830 LAKE UNDERHILL RD.  
ORLANDO, FL 32807 US

## Current Mailing Address:

5830 LAKE UNDERHILL RD.  
ORLANDO, FL 32807

## New Mailing Address:

5830 LAKE UNDERHILL RD.  
ORLANDO, FL 32807 US

FEI Number: 59-3172112

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEFKOWITZ, IVAN M  
430 NORTH MILLS AVE.  
ORLANDO, FL 32803 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: PST ( ) Delete  
Name: BIBLIOWICZ, MICHAEL M  
Address: 4399 GABRIELLA LANE  
City-St-Zip: WINTER PARK, FL 32792

Title: V ( ) Delete  
Name: HARRINGTON, DALE C  
Address: 5138 FAIRWAY OAKS DRIVE  
City-St-Zip: WINDEMERE, FL 34786

Title: D ( ) Delete  
Name: RABAJA, DAVID R  
Address: 9743 CHESTNUT RIDGE DR  
City-St-Zip: WINDERMERE, FL 34786

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: BIBLIOWICZ, MICHAEL M  
Address: 4399 GABRIELLA LANE  
City-St-Zip: WINTER PARK, FL 32792

Title: VD (X) Change ( ) Addition  
Name: HARRINGTON, DALE C  
Address: 5138 FAIRWAY OAKS DRIVE  
City-St-Zip: WINDEMERE, FL 34786

Title: SD (X) Change ( ) Addition  
Name: RABAJA, DAVID R  
Address: 9743 CHESTNUT RIDGE DR  
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify 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: IVAN M LEFKOWITZ, ESQ.

RA

02/02/2009

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

\_\_\_\_\_  
Date