

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000023934

FILED  
Feb 02, 2010  
Secretary of State

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

**Current Principal Place of Business:**

5830 LAKE UNDERHILL RD.  
ORLANDO, FL 32807 US

**New Principal Place of Business:**

**Current Mailing Address:**

5830 LAKE UNDERHILL RD.  
ORLANDO, FL 32807 US

**New Mailing Address:**

**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:** PD  
**Name:** BIBLIOWICZ, MICHAEL M  
**Address:** 4399 GABRIELLA LANE  
**City-St-Zip:** WINTER PARK, FL 32792

**Title:** VD  
**Name:** HARRINGTON, DALE C  
**Address:** 5138 FAIRWAY OAKS DRIVE  
**City-St-Zip:** WINDEMERE, FL 34786

**Title:** SD  
**Name:** RABAJA, DAVID R  
**Address:** 9743 CHESTNUT RIDGE DR  
**City-St-Zip:** WINDERMERE, FL 34786

**Title:** TD  
**Name:** WAIZENNEGER, LISA  
**Address:** 5830 LAKE UNDERHILL ROAD  
**City-St-Zip:** ORLANDO, FL 32807 US

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:** IVAN M LEFKOWITZ, ESQ

RA

02/02/2010

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

\_\_\_\_\_  
Date