

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000088401 (3)

1. Corporation Name

THE EAR, NOSE THROAT & PLASTIC SURGERY ASSOCIATE
S, P.A.



Principal Place of Business

201 N. LAKEMONT AVE.
SUITE 100
WINTER PARK FL 32792

Mailing Address

201 N. LAKEMONT AVE.
SUITE 100
WINTER PARK FL 32792

3. Date Incorporated or Qualified
12/09/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-3213724

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HO, HENRY N MD
201 N. LAKEMONT AVE.
SUITE 100
WINTER PARK FL 32792

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE

☐ Change ☒ Addition

NAME
COLEMAN, JOHN A JR
STREET ADDRESS
950 LINCOLN CR.
CITY-ST-ZIP
WINTER PARK FL

1.2 NAME

Jeffrey J. Lehman
2888 Old Castle Drive
Winter Park FL 32792

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE

☐ Change ☒ Addition

NAME
HOWERY, STEPHEN E MD
STREET ADDRESS
717 BALMORAL RD.
CITY-ST-ZIP
WINTER PARK FL

2.2 NAME

George H. Pope
721 Lake Drive
Orlando, FL 32809

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE

☐ Change ☒ Addition

NAME
HO, HENRY N MD
STREET ADDRESS
3806 KINSLEY PLACE
CITY-ST-ZIP
WINTER PARK FL

3.2 NAME

Michael L. Patete
10082 Brandon Circle
Orlando FL 32836

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

NAME
SALATICHM, DALE
STREET ADDRESS
1700 LUCERNE TERRACE
CITY-ST-ZIP
ORLANDO FL

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE

☒ Change ☐ Addition

NAME
KIELMOVITCH, IZAK H MD
STREET ADDRESS
1893 WINGFIELD DR.
CITY-ST-ZIP
LONGWOOD FL 32779

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

NAME
TAGGART, JOHN P MD
STREET ADDRESS
2525 OAK ISLAND POINTE RD.
CITY-ST-ZIP
ORLANDO FL

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96

(407) 644-4883

Date

Daytime Phone #

CR2E034 (12/95)