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FILED
May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000088401 (3)

1. Corporation Name

THE EAR, NOSE, THROAT & PLASTIC SURGERY ASSOCIAT
ES, 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 32792-3297



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

12/09/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3213724

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE P ☐ DELETE

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

TITLE V ☐ DELETE

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

TITLE V ☐ DELETE

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

TITLE S ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V ☐ Change ☒ Addition

1.2 NAME PATETE, MICHAEL L.
1.3 STREET ADDRESS 10082 BRANDON CIRCLE
1.4 CITY-ST-ZIP ORLANDO, FL 32836

2.1 TITLE V ☐ Change ☒ Addition

2.2 NAME Lehman, Jeffrey
2.3 STREET ADDRESS 2888 Old Castle Drive
2.4 CITY-ST-ZIP Winter Park 7132792

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature] S.E. Hawery 4/28/97

CR2E034 (9/96)