

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
May 13 1998 8:00am
Secretary of State

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**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1993

4. FEI Number

59-3213724

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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 sex, if applicable.

(NOTE: Registered Agent's 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 **T** ☐ 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 **2625 OAK ISLAND POINTE RD.**
CITY-ST-ZIP **ORLANDO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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

Stephen E Howery

(407) 644-4883
281 098

CR2E034 (10/97)