

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90239 048 \*\*\*150.00

DOCUMENT # P93000088401

1. Corporation Name

THE EAR, NOSE, THROAT & PLASTIC SURGERY ASSOCIATES, 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 the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

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 ☒ 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 2525 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 LEHMAN, JEFFREY J  
4.3 STREET ADDRESS 716 GOLF PARK DRIVE  
4.4 CITY-ST-ZIP CELEBRATION FL 34747

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/99 (407) 644-4883

CR2E034 (1/98)

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