

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P93000088401**

1. Entity Name

THE EAR, NOSE, THROAT & PLASTIC SURGERY ASSOCIAT**FILED**
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90054 022 ***150.00

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****004929**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3213724**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **V** ☐ Delete
NAME **COLEMAN, JOHN A JR**
STREET ADDRESS **950 LINCOLN CR.**
CITY-ST-ZIP **WINTER PARK FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** ☐ Delete
NAME **HOWERY, STEPHEN E MD**
STREET ADDRESS **717 BALMORAL RD.**
CITY-ST-ZIP **WINTER PARK FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **P** ☐ Delete
NAME **HO, HENRY N MD**
STREET ADDRESS **3806 KINSLEY PLACE**
CITY-ST-ZIP **WINTER PARK FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **V** ☐ Delete
NAME **LEHMAN, JEFFRE J**
STREET ADDRESS **716 GOLFPARK DRIVE**
CITY-ST-ZIP **CLEBRATION FL 34747**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **V** ☐ Delete
NAME **KIELMOVITCH, IZAK H MD**
STREET ADDRESS **1893 WINGFIELD DR.**
CITY-ST-ZIP **LONGWOOD FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☐ Delete
NAME **TAGGART, JOHN P MD**
STREET ADDRESS **2525 OAK ISLAND POINTE RD.**
CITY-ST-ZIP **ORLANDO FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 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

Henry N. Ho MD President

Date

Daytime Phone #

4/30/01 (407) 644-4883

CR2E034 (10/00)