

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90030 024 \*\*\*158.75

**DOCUMENT # P93000088401**

1. Entity Name  
**THE EAR, NOSE & THROAT SURGICAL 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**

40040000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03102008 Chg-P CR2E034 (12/06)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ V ☐ Delete  
NAME **BAYLOR, JEFFERY E**  
STREET ADDRESS **1737 ELIZABETHS WALK**  
CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE ☒ V ☐ Change ☒ Addition  
NAME **Lee, Wha-Joon**  
STREET ADDRESS **2663 Aloma Oaks Dr**  
CITY-ST-ZIP **Orlando, FL 32765**

TITLE ☒ V ☐ Delete  
NAME **TIPIRNENI, KIRAN**  
STREET ADDRESS **1863 LAKE MARKHAM PRESERVE TR**  
CITY-ST-ZIP **SANFORD, FL 32771**

TITLE ☒ V ☐ Change ☒ Addition  
NAME **Prtni, Aftab**  
STREET ADDRESS **2055 Shaw Lane**  
CITY-ST-ZIP **Orlando, FL 32814**

TITLE ☒ P ☐ Delete  
NAME **HO, HENRY N MD**  
STREET ADDRESS **3806 KINSLEY PLACE**  
CITY-ST-ZIP **WINTER PARK, FL**

TITLE ☒ V ☐ Change ☒ Addition  
NAME **Tran, Hao**  
STREET ADDRESS **1400 Devon Rd**  
CITY-ST-ZIP **Winter Park, FL 32789**

TITLE ☒ T ☐ Delete  
NAME **LEHMAN, JEFFREY J**  
STREET ADDRESS **716 GOLFPARK DRIVE**  
CITY-ST-ZIP **CLEBRATION, FL 34747**

TITLE ☐ ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ S ☐ Delete  
NAME **KIELMOVITCH, IZAK H MD**  
STREET ADDRESS **1893 WINGFIELD DR.**  
CITY-ST-ZIP **LONGWOOD, FL**

TITLE ☐ ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ V ☐ Delete  
NAME **SPECTOR, BRIAN C MD**  
STREET ADDRESS **2545 CARTER GROVE CIRCLE**  
CITY-ST-ZIP **WINDERMERE, FL 34786**

TITLE ☐ ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 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 #

**Izak Kielmovitch**

**3/14/08**