

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000088401

FILED
Feb 24, 2009
Secretary of State

Entity Name: THE EAR, NOSE & THROAT SURGICAL ASSOCIATES, P.A.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3213724

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: BAYLOR, JEFFERY E
Address: 1737 ELIZABETHS WALK
City-St-Zip: WINTER PARK, FL 32789

Title: V () Delete
Name: TIPIRNENI, KIRAN
Address: 1863 LAKE MARKHAM PRESERVE TRL
City-St-Zip: SANFORD, FL 32771

Title: P () Delete
Name: HO, HENRY N MD
Address: 3806 KINSLEY PLACE
City-St-Zip: WINTER PARK, FL

Title: T () Delete
Name: LEHMAN, JEFFREY J
Address: 716 GOLFPARK DRIVE
City-St-Zip: CLEBRATION, FL 34747

Title: S () Delete
Name: KIELMOVITCH, IZAK H MD
Address: 1893 WINGFIELD DR.
City-St-Zip: LONGWOOD, FL

Title: V () Delete
Name: SPECTOR, BRIAN C MD
Address: 2545 CARTER GROVE CIRCLE
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY J LEHMAN, MD

T

02/24/2009

Electronic Signature of Signing Officer or Director

Date