2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000057478

1. Entity Name

ADVANCED OTOLARYNGOLOGY SERVICES, P.A.



FILED
Mar 21, 2008 08:00 A
Secretary of State

Principal Place of Business

Mailing Address

3627 UNIVERSITY BLVD., STE 210 JACKSONVILLE, FL 32216-4211 US

3627 UNIVERSITY BLVD., STE 210 JACKSONVILLE, FL 32216-4211 US



03172008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3257868

Applied For Not Applical

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FISHER, TOUSEY, LEAS & BALL, P.A. 818 N. A1A SUITE 104 PONTE VEDRA BEACH, FL 32082

DO NOT WRITE IN THIS SPACE

			<u> Bertherman Grant and Constitution of the Con</u>	
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 acce the obligations of registered agent.				
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registere			Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution			☐ Added to Fees	H00000865282
10.	OFFICERS AND DIREC	OTORS	04	1/07/08-80022-014 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECK, RICHARD A 3627 UNIVERSITY BLVD S, STE 210 JACKSONVILLE, FL 322164211			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			ÎN.	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				

12. Thereby 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 direct 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 changed, or on an attachment with an address, with all other like empowered.