

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000070357 (6)
1. Corporation Name
ASSOCIATED OTOLARYNGOLOGISTS OF FLORIDA, INC.

Principal Place of Business
13577 FEATHER SOUND DRIVE
SUITE 390
CLEARWATER FL 34622

Mailing Address
13577 FEATHER SOUND DRIVE
SUITE 390
CLEARWATER FL 34622



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 4600 N Habana Ave
Suite, Apt. #, etc.
22 Suite 23
City & State
23 Tampa FL
Zip
24 33614
Country
25 Hillsborough
26 4600 N Habana Ave
Suite, Apt. #, etc.
27 Suite 23
City & State
28 Tampa FL
Zip
29 33614
Country
30 Hillsborough

3. Date Incorporated or Qualified
09/23/1994
3a. Date of Last Report
06/11/1996
4. FEI Number
59-3269503
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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
DOBBS, ROBERT
13577 FEATHER SOUND DRIVE
SUITE 390
CLEARWATER FL 34622

10. Name and Address of New Registered Agent
81 Name
Dennis S. Agliano MD
82 Street Address (P.O. Box Number is Not Acceptable)
4600 N Habana Avenue
83 Suite 23
84 City
Tampa FL
85 Zip Code
33614

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 607.0503, Florida Statutes.

SIGNATURE *Dennis S. Agliano MD* 9/9/97
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 P
NAME AGLIANO, DENNIS S M.D.
STREET ADDRESS 4600 N. HABANA AVE., STE. 23
CITY-ST-ZIP TAMPA FL
TITLE ~~VP~~
NAME OROBELLO, PETER W JR.
STREET ADDRESS 801 6TH ST. SO., BOX 761
CITY-ST-ZIP ST. PETERSBURG FL
TITLE ~~S~~
NAME DOBBS, ROBERT L
STREET ADDRESS 13577 FEATHER SOUND DR., STE. 390
CITY-ST-ZIP CLEARWATER FL
TITLE ~~S~~
NAME BOOTHBY, RENE A M.D.
STREET ADDRESS 4700 N. HABANA, AVE., STE. 702
CITY-ST-ZIP TAMPA FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE *Dennis S. Agliano MD* 9/13/97 813 879 8045

CR2E034 (4/97)