

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P94000079868 (3)

1. Corporation Name

EAR, NOSE AND THROAT ASSOCIATES, P.A.



Principal Place of Business

4130 SALISBURY RD.  
STE. 1900  
JACKSONVILLE FL 32216  
US

Mailing Address

4130 SALISBURY RD.  
STE 1900  
JACKSONVILLE FL 32216  
US

3. Date Incorporated or Qualified

10/31/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

59-3285021

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BROCK, RICHARD D  
1301 RIVERPLACE BLVD  
STE 2400  
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and the corporation

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
WILKINSON, ALBERT H  
836 PRUDENTIAL DR STE 807  
JACKSONVILLE FL 32207

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
LISSKA, LAWRENCE A  
4130 SALISBURY RD, STE 1900  
JACKSONVILLE FL 32216

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
LOPER, MICHAEL  
1820 BARRS STREET STE 322  
JACKSONVILLE FL 32204

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
FREY, MARK D  
1820 BARRS STREET STE 322  
JACKSONVILLE FL 32204

TITLE ☒ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
MATHIAS, BRAD T  
1820 BARRS STREET, STE 322  
JACKSONVILLE FL 32204

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS 1820 Barrs Street Ste 610  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAWRENCE A. LISSKA

president  
PRESIDENT

April 19 96 904-2810234  
Date Daytime Phone #

CR2E034 (12/95)