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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

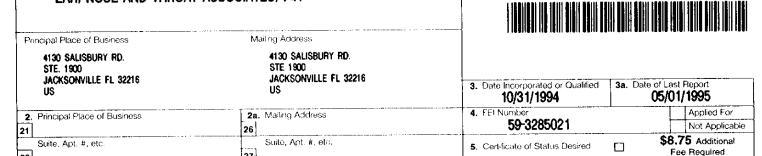
1. Corporation Name

City & State

P94000079868 (3)

City & State

EAR, NOSE AND THROAT ASSOCIATES, P.A.



23			28			Trust Fund Contribution Added to Fees		
	Zip Country		Zφ	Cou	intry			
24		25	29	30		Florida Statutes Yes No		
	g. Name	and Address of Cu	urrent Registered Agent		10. Name and Address of New Registered Agent			
					81	Name	_	
	BROCK, RICHAF 1301 RIVERPLA				82	Street Address (P.O. Box Number is Not Acceptable)		
	STE 2400				83			
JACKSONVILLE FL 32207					84	City 85 Zip Code		

6. Election Campaign Financing

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 charge 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.

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SIGNATURE Signative, byted or percentaine of registered agrice and other Lagral adds. (NOTE: Pugeserin Agrid and attention registered agrice translation). DATE									
12.	OFFICERS AND DIRECTO		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	D	☐ DELETE	1. 1 TiTLE	☐ Change ☐ Addition					
NAME	WILKINSON, ALBERT H		1.2 NAME						
STREET ADDRESS	836 PRUDENTIAL DR STE 807		1 3 STHEET ADDRESS						
CITY - ST - ZIP	JACKSONVILLE FL 32207		1.4 CITY - ST - ZIP						
TITLE	D	DELETE	2 1 TITLE	Change Addition					
NAME	LISSKA, LAWRENCE A		2.2 NAME						
STREET ADDRESS	4130 SALISBURY RD, STE 1900		2.3 STREET ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL 32216		2.4 C(1) - ST - Z(P						
TITLE	D	□ DELFT€	3 1 TITLE	☐ Change ☐ Addition					
NAME	LOPER, MICHAEL		3.2 NAME						
STREET ADDRESS	1820 BARRS STREET STE 322		3.3 STREET ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL 32204		3 4 CH Y - ST - ZIP						
TITLE	D	□ DELETE	4 1 TIBLE	Change Addition					
NAME	FREY, MARK D		4.2 NAME						
STREET ADDRESS	1820 BARRS STREET STE 322		4.3 STHEET ADDRESS	1820 Barrs Street Ste 610					
CITY-S!-ZIP	JACKSONVILLE FL 32204		4.4.C+TY+ST ZIP						
TITLE	D	DELETE	5 1 TITLE	☐ Change ☐ Addition					
NAME	mathias, brad t		5.2 NAME						
STREET ADDRESS	1820 BARRS STREET, STE 322		5.3 STREET ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL 32204		5 4 CITY - ST - ZIP						
TITLE	 :	DELETE	6 1 TITLE	Change Addition					
NAMÉ			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS						
CITY - ST-7IP			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 13 if charged, or one an attachment with an address.

SIGNATURE:

SIGNATURE AND THEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

pusident

April 9 96 904-28+0234

PRESIDENT

CR2E034 (12/95)

\$5.00 May Be