

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/31/1994

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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 607.1608, 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 if not applicable)

(NOTE: Registered Agent signature required when re-instating)

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D

WILKINSON, ALBERT H
836 PRUDENTIAL DR STE 807
JACKSONVILLE FL 32207

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D

LISSKA, LAWRENCE A
4130 SALISBURY RD, STE 1900
JACKSONVILLE FL 32216

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D

LOPER, MICHAEL
1820 BARRS STREET STE 322
JACKSONVILLE FL 32204

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D

FREY, MARK D
1820 BARRS STREET SUITE 610
JACKSONVILLE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☐ Addition

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

14. I 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

[Signature]

1-12-98

CR2E034 (10/97)