

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000082517

FILED  
Jan 09, 2010  
Secretary of State

**Entity Name:** GULFCOAST EAR, NOSE & THROAT ASSOCIATTES, P.A.

**Current Principal Place of Business:**

3007-A RIDGELINE BLVD.  
TARPON SPRINGS, FL 34688

**New Principal Place of Business:**

800 TARPON WOODS BLVD  
SUITE D  
PALM HARBOR, FL 34685 US

**Current Mailing Address:**

3007-A RIDGELINE BLVD.  
TARPON SPRINGS, FL 34688

**New Mailing Address:**

800 TARPON WOODS BLVD  
SUITE D  
PALM HARBOR, FL 34685

**FEI Number:** 59-3341132

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DENNIS, COOK H  
1000 BELCHER ROAD SOUTH  
SUITE 2  
LARGO, FL 34641 US

**Name and Address of New Registered Agent:**

BERRIOS, JOSE A MD  
800 TARPON WOODS BLVD  
DUITE D  
PALM HARBOR, FL 34685 US

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.

**SIGNATURE:** JOSE A BERRIOS

01/09/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** BERRIOS, JOSE A M.D.  
**Address:** 800 TARPON WOODS BLVD, SUITE D  
**City-St-Zip:** PALM HARBOR, FL 34685 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** JOSE A BERRIOS

P

01/09/2010

Electronic Signature of Signing Officer or Director

Date