

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000082517

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

800 TARPON WOODS BLVD  
SUITE D  
PALM HARBOR, FL 34685

**New Mailing Address:**

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

**FEI Number:** 59-3341132

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

BERRIOS, JOSE A MD  
800 TARPON WOODS BLVD  
SUITE 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:

Electronic Signature of Registered Agent

02/21/2011

Date

**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 ALBERTO BERRIOS

P

02/21/2011

Electronic Signature of Signing Officer or Director

Date