

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000093958

1. Entity Name

EAR, NOSE & THROAT - HEAD & NECK SURGERY OF PENS

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90122 019 \*\*\*150.00

Principal Place of Business

Mailing Address

1717 NORTH E STREET  
SUITE 239  
PENSACOLA FL 32501

1717 NORTH E STREET  
SUITE 239  
PENSACOLA FL 32501-6390

2. Principal Place of Business

3. Mailing Address

5147 N. 9th Avenue

5147 N. 9th Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 404

Suite 404

City & State

City & State

Pensacola, Florida

Pensacola, Florida

Zip

32504

Country

Escambia

Zip

32504

Country

Escambia



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3345315

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LURTON, JACK W JR.  
1717 NORTH E STREET  
SUITE 239  
PENSACOLA FL 32501

Name

Pennington, James H., Jr.

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

5147 N. 9th Avenue, Suite 404

City

Pensacola

FL

Zip Code

32504

8. 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 James H. Pennington, Jr., M.D.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so. ☒  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete  
NAME LURTON, JACK W JR.  
STREET ADDRESS 1717 NORTH E STREET, SUITE 239  
CITY-ST-ZIP PENSACOLA FL 32501

TITLE ☐ Delete  
NAME PENNINGTON, JAMES H JR.  
STREET ADDRESS 1717 NORTH E STREET, SUITE 239  
CITY-ST-ZIP PENSACOLA FL 32501

TITLE ☐ Delete  
NAME TODD, DONALD R  
STREET ADDRESS 1717 NORTH E STREET, SUITE 239  
CITY-ST-ZIP PENSACOLA FL 32501

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 5147 N. 9th Avenue, Suite 404  
CITY-ST-ZIP Pensacola, FL 32504

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 5147 N. 9th Avenue, Suite 404  
CITY-ST-ZIP Pensacola, FL 32504

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James H. Pennington, Jr., M.D.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

850-494-7888

Daytime Phone #

CR2E034 (9/99)