

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/1

**FILED**  
**Jun 05, 2001 8:00 am**  
**Secretary of State**

05-11-2001 90453 001 \*\*\*150.00

**DOCUMENT # P95000098020**

1. Entity Name

**FLORIDA E.N.T. ASSOCIATES, P.A.**

Principal Place of Business

7019 N.W. 11TH PLACE  
 GAINESVILLE FL 32605

Mailing Address

7019 N.W. 11TH PLACE  
 GAINESVILLE FL 32605

2. Principal Place of Business

**4340 Newberry Rd.**

Suite, Apt. #, etc.

**Suite 301**

City & State

**Gainesville FL**

Zip

**32607**

Country

3. Mailing Address

**4340 Newberry Rd**

Suite, Apt. #, etc.

**Suite 301**

City & State

**Gainesville FL**

Zip

**32607**

Country



DO NOT WRITE IN THIS SPACE

**48055**

4. FEI Number **59-3344396**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LAWRENCE RODGERS W**  
**7019 N.W. 11TH PLACE**  
**GAINESVILLE FL 32605**

7. Name and Address of New Registered Agent

**Larry N. Smith MD**  
 Street Address (P.O. Box Number is Not Acceptable)  
**4340 Newberry Rd.**  
**Suite 301**  
 City **Gainesville** **FL** Zip Code **32607**

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

Signature, typed or printed name of registered agent and date 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, 2001 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

TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	WALKER, JAMES H	
STREET ADDRESS	7019 NW 11TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RODGERS, LAWRENCE W.	
STREET ADDRESS	7019 NW 11TH PLACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	President	<input type="checkbox"/> Delete
NAME	Larry N. Smith	
STREET ADDRESS	4340 Newberry Rd. Suite 301	
CITY-ST-ZIP	Gainesville FL 32607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larry N. Smith	
STREET ADDRESS	4340 Newberry Rd. Suite 301	
CITY-ST-ZIP	Gainesville FL 32607	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/23/01**

Date

**352-271-9330**

Daytime Phone #

CR2E034 (10/00)