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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000067147 (4)**

1. Corporation Name
WEST FLORIDA EAR, NOSE AND THROAT MEDICAL CENTER S, INC.

Principal Place of Business	Mailing Address
13701 BRUCE B. DOWNS BLVD. #107 TAMPA FL 33613	13701 BRUCE B. DOWNS BLVD. #107 TAMPA FL 33613-4698

3. Date Incorporated or Qualified: 08/13/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 4710 N HABANA Ave	26 4710 N HABANA Ave
Suite, Apt. #, etc. 22 107	Suite, Apt. #, etc. 27 107
City & State 23 TAMPA FL	City & State 28 TAMPA FL
Zip / Country 24 33614 / 25 USA	Zip / Country 29 33614 / 30 USA

4. FEI Number: 59-3394837 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~MURDOCK, CHRISTINE~~ ~~2027 NE 203RD STREET #206~~ ~~AVENTURA FL 33180~~	81 Name: Joseph W.N. Rugg 82 Street Address (P.O. Box Number is Not Acceptable): One Tampa City Center, Suite 210 83 201 N. Franklin Street 84 City: Tampa FL 85 Zip Code: 33602

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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: Joseph W.N. Rugg — Joseph W.N. Rugg — 4/21/97
Signature, type or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ALONSO, MIGUEL A		1.2 NAME	
STREET ADDRESS	4710 NORTH HABANA AVENUE #107		1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33614		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ALONSO, WILLIAM A		2.2 NAME	
STREET ADDRESS	2727 WEST DR MARTIN LUTHER KING BLVD. #620		2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CASTELLANO, NELSON		3.2 NAME	
STREET ADDRESS	306 SOUTH MACDILL AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33607		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DOLGIN, SANFORD R		4.2 NAME	
STREET ADDRESS	4700 NORTH HABANA AVENUE #602		4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33614		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	DONNELY, KEVIN		5.2 NAME	
STREET ADDRESS	4700 NORTH HABANA AVENUE #602		5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33614		5.4 CITY-ST-ZIP	
TITLE	~~PD~~	☒ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	~~HERMAN, THOMAS G~~		6.2 NAME	
STREET ADDRESS	~~13701 BRUCE B. DOWNS BLVD. #107~~		6.3 STREET ADDRESS	
CITY-ST-ZIP	~~TAMPA FL 33613~~		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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] MIGUEL A ALONSO — 4/18/97 — 813-879-8102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #