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FILED
Feb 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000067147 (4)**

1. Corporation Name

**WEST FLORIDA EAR, NOSE AND THROAT MEDICAL CENTER
S, INC.**

Principal Place of Business

**4710 N. HABANA DR.
107
TAMPA FL 33614
US**

Mailing Address

**4710 N. HABANA AVE.
107
TAMPA FL 33614
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/13/1996

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**RUGG, JOSEPH L
ONE TAMPA CITY CENTER, STE. 210
201 N. FRANKLIN ST.
TAMPA FL 33602**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

TD

NAME

ALONSO, MIGUEL A

STREET ADDRESS

4710 NORTH HABANA AVENUE #107

CITY-ST-ZIP

TAMPA FL 33614

TITLE

D

NAME

ALONSO, WILLIAM A

STREET ADDRESS

2727 WEST DR MARTIN LUTHER KING BLVD. #620

CITY-ST-ZIP

TAMPA FL 33607

TITLE

SD

NAME

CASTELLANO, NELSON

STREET ADDRESS

306 SOUTH MACDILL AVENUE

CITY-ST-ZIP

TAMPA FL 33607

TITLE

D

NAME

DOLGIN, SANFORD R

STREET ADDRESS

4700 NORTH HABANA AVENUE #602

CITY-ST-ZIP

TAMPA FL 33614

TITLE

D

NAME

DONNELLY, KEVIN

STREET ADDRESS

4700 NORTH HABANA AVENUE #602

CITY-ST-ZIP

TAMPA FL 33614

TITLE

D

NAME

D

STREET ADDRESS

D

CITY-ST-ZIP

D

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, as changed, or on any subsequent filing with an address.

SIGNATURE:

[Signature]

MIGUEL A ALONSO MD 2/4/98 813-879-8102

CR2E034 (10/97)