

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000084957 (5)**  
1. Corporation Name  
**SOUTH FLORIDA OTOLARYNGOLOGY ASSOCIATES, INC.**



Principal Place of Business <b>ATTN: WILLIAM S. SLOMKA, M.D. 2889 TENTH AVENUE - SUITE 306 LAKE WORTH FL 33461</b>	Mailing Address <b>ATTN: WILLIAM S. SLOMKA, M.D. 2889 TENTH AVENUE - SUITE 306 LAKE WORTH FL 33461</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 3015 SO. CONGRESS AVE</b> Suite, Apt. #, etc. <b>22 SUITE 6</b> City & State <b>23 PALM SPRINGS, FL</b> Zip <b>24 33461</b>		2a. Mailing Address <b>26 3015 SO. CONGRESS AVE</b> Suite, Apt. #, etc. <b>27 SUITE 6</b> City & State <b>28 PALM SPRINGS, FL</b> Zip <b>29 33461</b>		3. Date Incorporated or Qualified <b>10/11/1996</b>	
		4. FEI Number <b>65-0702663</b>		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>SLOMKA, WILLIAM S 2889 10 AVEN STE 306 LAKE WORTH FL 33461</b>		10. Name and Address of New Registered Agent <b>81 Name SLOMKA, WILLIAM S 82 Street Address (P.O. Box Number is Not Acceptable) 3015 SO. CONGRESS AVE. 83 SUITE 6 84 City PALM SPRINGS FL 85 Zip Code 33461</b>	
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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 registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD SLOMKA, WILLIAM S M.D. 2889 TENTH AVENUE #306 LAKE WORTH FL 33461</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>3015 SO. CONGRESS AVE, SUITE 6 PALM SPRINGS, FL 33461</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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 if changed, or on an attachment with an address.

SIGNATURE:

*W. S. SLOMKA*

CR2E034 (10/97)