

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90044 032 ***150.00

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1. Entity Name
**SOUTH FLORIDA OTOLARYNGOLOGY ASSOCIATES,
INC.**



Principal Place of Business
**3015 SO CONGRESS AVE
SUITE 6
PALM SPRINGS, FL 33461 US**

Mailing Address
**3015 SO CONGRESS AVE
SUITE 6
APLM SPRINGS, FL 33461 US**



02202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0702663

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SLOMKA, WILLIAM
3015 SO CONGRESS AVE
SUITE 6
PALM SPRINGS, FL 33461**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	SLOMKA, WILLIAM S M.D.
STREET ADDRESS	3015 SO CONGRESS AVE, SUITE 6
CITY-ST-ZIP	PALM SPRINGS, FL 33461
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William S. Sломка
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #