

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90123 050 ***150.00

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1. Entity Name

**NORTH FLORIDA CENTER FOR
OTOLARYNGOLOGY-HEAD AND NECK SURGERY
FACIAL PLASTIC SURGERY, P.A.**



Principal Place of Business

**300 HEALTHPARK BLVD.
SUITE 5008
ST. AUGUSTINE, FL 32086 US**

Mailing Address

**300 HEALTHPARK BLVD.
SUITE 5008
ST. AUGUSTINE, FL 32086 US**

00034138



02282005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3407776

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**TALIAFERRO, A. C. M.D.
300 HEALTHPARK BLVD.
SUITE 5008
ORLANDO, FL 32806 ST. AUGUSTINE, FL 32086**

**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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TALIAFERRO, ARTHUR C
3590 COASTAL HWY
SAINT AUGUSTINE, FL 32095**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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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.

A. C. Taliaferro, M.D. (904)-823-8823

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #