2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 01, 2009
Secretary of State

DOCUMENT# P96000100243

Entity Name: N. FL CENTER FOR OTO-HNS, FACIAL PLASTIC SURGERY, P.A.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

1750 TREE BLVD.
SUITE 10
ST. AUGUSTINE, FL 32084 US

New Mailing Address:

FEI Number: 59-3407776 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TALIAFERRO, A. C. M.D.
300 HEALTHPARK BLVD.
SUITE 5008
SAINT AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P T ( ) Delete
Name: TALIAFERRO, ARTHUR C
Address: 300 HEALTH PARK BLVD.
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: VP ( ) Delete
Name: MILLER, ROBERT S
Address: 300 HEALTH PARK BLVD. STE. 5008
City-St-Zip: ST. AUGUSTINE, FL 32086 US

Title: S ( ) Delete
Name: LEAKE, DEIRDRE S
Address: 1750 TREE BLVD STE. 10
City-St-Zip: ST. AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: MILLER, ROBERT S
Address: 300 HEALTH PARK BLVD. STE. 5008
City-St-Zip: ST. AUGUSTINE, FL 32086 US

Title: VP (X) Change ( ) Addition
Name: LEAKE, DEIRDRE S
Address: 1750 TREE BLVD STE. 10
City-St-Zip: ST. AUGUSTINE, FL 32084

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR C. TALIAFERRO, MD PT 06/01/2009

Electronic Signature of Signing Officer or Director Date