## 2010 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000100243

ST. AUGUSTINE, FL 32086

FILED Feb 05, 2010 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

300 HEALTHPARK BLVD. 3 SAN BARTOLA DRIVE

SUITE 5008 ST. AUGUSTINE, FL 32086 US

Current Mailing Address: New Mailing Address:

US

1750 TREE BLVD. 3 SAN BARTOLA DRIVE

SUITE 10 ST. AUGUSTINE, FL 32086 US ST. AUGUSTINE, FL 32084 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TALIAFERRO, A. C. M.D.

300 HEALTHPARK BLVD.

3 SAN BARTOLA DRIVE

SUITE 5008 SAINT AUGUSTINE, FL 32086 US SAINT AUGUSTINE, FL 32086 US

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: A.C. TALIAFERRO, M.D. 02/05/2010

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

Name: TALIAFERRO, ARTHUR C Address: 3 SAN BARTOLA DR.

City-St-Zip: SAINT AUGUSTINE, FL 32086 US

Title: S T

Name: MILLER, ROBERT S Address: 3 SAN BARTOLA DR.

City-St-Zip: ST. AUGUSTINE, FL 32086 US

Title: VP

 Name:
 LEAKE, DEIRDRE S

 Address:
 1750 TREE BLVD STE. 10

 City-St-Zip:
 ST. AUGUSTINE, FL 32084 US

I hereby 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 all other like empowered.

SIGNATURE: ARTHUR C. TALIAFERRO P 02/05/2010