2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2011
Secretary of State

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

Current Principal Place of Business:

3 SAN BARTOLA DRIVE
ST. AUGUSTINE, FL 32086 US

New Principal Place of Business:

Current Mailing Address:

3 SAN BARTOLA DRIVE
ST. AUGUSTINE, FL 32086 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

TALIAFERRO, A. C. M.D.
3 SAN BARTOLA DRIVE
SAINT AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

TALIAFERRO, ARTHUR C M.D.
3 SAN BARTOLA DRIVE
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: ARTHUR C TALIAFERRO 01/18/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: TALIAFERRO, ARTHUR C
Address: 3 SAN BARTOLA DR.
City-St-Zip: SAINT AUGUSTINE, FL 32086 US

Title: 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

Title: S
Name: TOWNE, LAURA E
Address: 1750 TREE BLVD. STE 1
City-St-Zip: ST. AUGUSTINE, FL 32086 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 01/18/2011
Electronic Signature of Signing Officer or Director Date