

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000100243

FILED
Jan 25, 2012
Secretary of State

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 ()

Name and Address of Current Registered Agent:

TALIAFERRO, ARTHUR C M.D.
3 SAN BARTOLA DRIVE
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
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 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 TALIAFERRO

P

01/25/2012

Electronic Signature of Signing Officer or Director

Date