PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000007385

LAKE WALES EAR, NOSE & THROAT, INC.

FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90113 050 ***150.00



						,	
Principal Place of Business Mailing Address					* ************************************		
LAKE WALES ENT 160 EAST LAKE HOWARD DR -921 PARK AVE WINTER HAVEN FL 33881 LAKE WALES FL 33853			RIVE		DO NOT MOTO IN THE	IC COACE	
					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/04/1007		
US							
2 Daine in all Di	ace of Business	2a. Mailing Address			01/24/1997 4. FEI Number		Applied For
	ace of Business	⊢¬			59-3446854	<u> </u>	Not Applicable
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.							Additional
22 302 West Central Ave 27					5. Certificate of Status Desired	•	Required
City & State)	City & State			6. Election Campaign Financing	\$5.0	0 мау Ве
23		28			Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zip	Country	,	8. This corporation owes the current year Ir		п.,
24	25	29 30	<u>)</u>		Personal Property Tax.	∑ Yes	□No
	9. Name and Address of Current	t Registered Agent	81	Name	10. Name and Address of New Registered	1 Agent	
BARRANCO, S.J.			61	Name			
	EAST LAKE HOWARD DR.		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
WINTER HAVEN FL 33880			83				
				Cit			n Codo
			84	,	poration submits this statement for the purpose of	┗╶╽┈	p Code
	Signature, typed or printed name of registered agen			nt signature requin	red when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12
12.	OFFICERS AN	D DIRECTORS	13.	—-т	AUDITIONS/CHANGES TO OFFICERS A	Chang	
TITLE	PADDANCO C 1110	□ herese	1.1 TITLE			oneng	
NAME	BARRANCO, S J MD		1.2 NAME				
STREET ADDRESS	MOUNTAIN LAKE			T ADDRESS			
CITY-ST-ZIP	VP /S		1.4 CITY-S 2.1 TITLE	1-ZIP		Chang	e
TITLE	BRIGGS, DEANE R MD	G beesie	2.2 NAME	ĺ			_
NAME	•			T ADDDDGGG			
STREET ADDRESS	2000 N LAKE ELOISE DR WINTER HAVEN FL 33884	· ·		TADDRESS	للما ليكامل الآليا الاراب الراري والقرارة والمراجران المراجران		
CITY-ST-ZIP TITLE	SF TID	☐ DÉLETE	2.14 CITY-5	51-417		Chang	e
NAME	LYLE, GEORGE D		3.2 NAME	}	•	_ •	_
STREET ADDRESS	204 LOCHEN CT			TADDRESS			
CITY-ST-ZIP	WINTER HAVEN FL 33884		3.4. CITY-S	- 1	•		
TITLE	D	☐ DELETE '	4.1 TITLE			Chang	e
NAME		_	4. 2 NAME	-			
STREET ADDRESS	Rooney, michnel 7 160 & lake Howard	Dive		T ADDRESS		•	
	Winter Hover, fc	33881	4.4 CITY-S				
TITLE	VOILITO TITLE	DELETE	5.1 TITLE			Chang	e Addition
NAME			5.2 NAME	[•		
STREET ADDRESS	•		5.3 STREE	TADORESS			
CITY-ST-ZIP			5.4 CITY-S	it-ziP			
TITLE		☐ DELETE	6.1 TTLE			☐ Chang	e
NAME	•	,	6.2 NAME	-	1		
STREET ADORESS			6.3 STREE	TADDRESS	//		
CITY ST 710	•		6.4 CITY-S	T-ZIP	//		

14. 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 annual report or supplemental annual 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 elecute this report as required by Chapter 60f. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all given the empowered.

SIGNATURE: