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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90113 050 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000007385 1. Corporation Name LAKE WALES EAR, NOSE & THROAT, INC.			
Principal Place of Business LAKE WALES ENT 321 PARK AVE LAKE WALES FL 33853 US		Mailing Address 160 EAST LAKE HOWARD DRIVE WINTER HAVEN FL 33881	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 302 West Central Ave 23 City & State 24 Zip Country 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent BARRANCO, S.J. 160 EAST LAKE HOWARD DR. WINTER HAVEN FL 33880		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
TITLE	P	<input type="checkbox"/> DELETE	
NAME	BARRANCO, S J MD		
STREET ADDRESS	MOUNTAIN LAKE		
CITY-ST-ZIP	LAKE WALES FL 33853		
TITLE	VP / S	<input type="checkbox"/> DELETE	
NAME	BRIGGS, DEANE R MD		
STREET ADDRESS	2000 N LAKE ELOISE DR		
CITY-ST-ZIP	WINTER HAVEN FL 33884		
TITLE	ST T/D	<input type="checkbox"/> DELETE	
NAME	LYLE, GEORGE D		
STREET ADDRESS	204 LOCHEN CT		
CITY-ST-ZIP	WINTER HAVEN FL 33884		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	Rooney, Michael J		
STREET ADDRESS	160 E Lake Howard Drive		
CITY-ST-ZIP	Winter Haven, FL 33881		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)