

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2000 8:00 am
Secretary of State

07-28-2000 90151 017 ***150.00

00075263

DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000007385

1. Entity Name
 LAKE WALES EAR, NOSE & THROAT, INC.

Principal Place of Business
 Lake Wales ENT
 302 W. Central Ave.
 Lake Wales, FL 33853

Mailing Address
 160 East Lake Howard Drive
 Winter Haven, FL 33881

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number
 59-3446854

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 Barranco, S. J.
 160 East Lake Howard Drive
 Winter Haven, FL 33880

7. Name and Address of New Registered Agent
 Name: Briggs, Deane R.
 Street Address (P.O. Box Number is Not Acceptable): 160 East Lake Howard Drive
 City: Winter Haven FL Zip Code: 33881

8. 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 *Deane R. Briggs* **DATE** 7/28/2000

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Barranco, S. J., M.D.			NAME			
STREET ADDRESS	Mountain Lake			STREET ADDRESS			
CITY-ST-ZIP	Lake Wales, FL 33853			CITY-ST-ZIP			
TITLE	V/S	<input type="checkbox"/> Delete		TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Briggs, Deane R., M.D.			NAME	Briggs, Deane R., M.D.		
STREET ADDRESS	2000 N.Lake Eloise Drive			STREET ADDRESS	2000 N.Lake Eloise Drive		
CITY-ST-ZIP	Winter Haven, FL 33884			CITY-ST-ZIP	Winter Haven, FL 33884		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Rooney, Michael J.			NAME	Rooney, Michael J., M.D.		
STREET ADDRESS	160 E. Lake Howard Drive			STREET ADDRESS	160 E. Lake Howard Drive		
CITY-ST-ZIP	Winter Haven, FL 33881			CITY-ST-ZIP	Winter Haven, FL 33881		
TITLE	T/D	<input type="checkbox"/> Delete		TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Lyle, George D.			NAME	Lyle, George D., M.D.		
STREET ADDRESS	204 Lochen Court			STREET ADDRESS	204 Lochen Court		
CITY-ST-ZIP	Winter Haven, FL 33884			CITY-ST-ZIP	Winter Haven, FL 33884		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

13. 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 report or supplemental 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 execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Deane R. Briggs* **DATE:** 7-28-2000 **(863) 299-1251**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Deane R. Briggs, M.D., President

Date **Daytime Phone #**

CR2E034 (9/99)

ATTACHMENT
D#P97000007385
DW75963

DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P. A.

ATTORNEYS AND COUNSELORS AT LAW

P. O. BOX 2346
ORLANDO, FLORIDA 32802-2346

800 NORTH MAGNOLIA AVENUE
SUITE 1500
ORLANDO, FLORIDA 32803

(407) 841-1200
FAX (407) 423-1831

WRITER'S DIRECT DIAL
(407) 428-5119

www.deanmead.com

WRITER'S E-MAIL ADDRESS
MFENDLE@DEANMEAD.COM

July 24, 2000

Uniform Business Report
Division of Corporations
P. O. Box 1500
Tallahassee, Florida 32302-1500

Re: Uniform Business Report for Lake Wales Ear, Nose & Throat, Inc.

Gentlemen:

Enclosed is a 2000 Uniform Business Report (UBR) for Lake Wales Ear, Nose & Throat, Inc., together with a check for \$150.00 in payment of the annual filing fee. Lake Wales Ear, Nose & Throat, Inc. did not receive a pre-printed UBR prior to the May 1, 2000 filing date, and we ask that you waive the late filing fee that would otherwise be due.

If you have any questions regarding the enclosed UBR, please contact the undersigned.

Sincerely,


Mary F. Fendle, Legal Assistant

:mff

Enclosures (2)

cc: Sheryl A. Watts w/enclosure
William A. Rowse, Jr., C.P.A. w/enclosure
Robert W. Mead, Jr., Esq. w/enclosure