


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90026 026 \*\*\*150.00

<b>DOCUMENT # P97000039937</b> 1. Entity Name <b>NETWORK OF FLORIDA OTOLARYNGOLOGISTS, INC.</b>			
Principal Place of Business <b>9980 CENTRAL PARK BLVD., N. SUITE 124 BOCA RATON FL 33428</b>		Mailing Address <b>9980 CENTRAL PARK BLVD., N. SUITE 124 BOCA RATON FL 33428</b>	
2. Principal Place of Business - No P.O. Box # <b>1601 CLINT MOORE ROAD</b> Suite, Apt. #, etc. <b>T70</b> City & State <b>BOCA RATON, Florida</b> Zip <b>33487</b>		3. Mailing Address <b>1601 CLINT MOORE RD</b> Suite, Apt. #, etc. <b>170</b> City & State <b>BOCA RATON</b> Zip <b>33487</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>65-0750906</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>NACHLAS, NATHAN E M.D. 9980 CENTRAL PARK BLVD NORTH SUITE 124 BOCA RATON FL 33428</b>		7. Name and Address of New Registered Agent Name <b>NACHLAS, NATHAN E MD</b> Street Address (P.O. Box Number is Not Acceptable) <b>1601 CLINT MOORE RD</b> <b>BOCA RATON</b> City <b>FL</b> Zip Code <b>33487</b>	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		(NOTE: Registered Agent signature required when reinstating) Date <b>3/14/08</b>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b> NAME <b>NACHLAS, NATHAN M.D.</b> STREET ADDRESS <b>9980 CENTRAL PARK BLVD., N., SUITE 316</b> CITY-ST-ZIP <b>BOCA RATON FL 33428</b>	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>FRISOSKY, MARTIN M.D.</b> STREET ADDRESS <b>2051 45TH STREET, SUITE 202</b> CITY-ST-ZIP <b>W. PALM BEACH FL 33407</b>	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>MCCLERKIN, WILLIAM M.D.</b> STREET ADDRESS <b>1800 N. FEDERAL HIGHWAY, SUITE 206</b> CITY-ST-ZIP <b>POMPANO BEACH FL 33062</b>	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>AGRESTI, CAROLYN M.D.</b> STREET ADDRESS <b>321 15TH STREET</b> CITY-ST-ZIP <b>W. PALM BEACH FL 33407</b>	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>STUBBS, KING M.D.</b> STREET ADDRESS <b>777 37TH STREET, SUITE C-101</b> CITY-ST-ZIP <b>VERO BEACH FL 32960</b>	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>WHEELER, MICHAEL M.D.</b> STREET ADDRESS <b>899 N.E. 2ND AVENUE</b> CITY-ST-ZIP <b>DELRAY BEACH FL 33444</b>	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>3/10/08</b>	



**Ear, Nose and Throat Associates  
of South Florida, P.A.**

*Caring For Our Patients Since 1963*  
**www.entsf.com**

**ATTACHMENT 40052351**

**#P97000089937**

**Nathan E. Nachlas, M.D.**

**Co-Chairman, ENTSCF  
Facial Plastic & Reconstructive Surgery  
Surgery of the Nose and Sinuses**

**East Boca Raton**  
William McClerkin, M.D.  
Brian Mitchell, M.D.  
Mark Widick, M.D.  
David Brodner, M.D.  
Ari Wirtschafter, M.D.  
Michael Aronsohn, M.D.

**West Boca Raton**  
Nathan Nachlas, M.D.  
Alinda Jennings, A.R.N.P., BC

**Delray Beach**  
James Murata, M.D.

**Pompano Beach**  
Paul Lapco, M.D.  
Steven Schrager, M.D.  
William McClerkin, M.D.  
Brian Mitchell, M.D.  
Mark Widick, M.D.

**East Boynton Beach**  
Joshua Light, M.D.  
Ari Wirtschafter, M.D.

**West Boynton Beach**  
Neil Goldhaber, M.D.  
Suresh Raja, M.D.

**West Palm Beach**  
Michael Schwartz, M.D.  
Douglas Dedo, M.D.  
Ellis Webster, M.D.  
Lon Barrow, M.D.  
Debra Jaffe, M.D.

**Palm Beach Gardens**  
Douglas Dedo, M.D.  
Richard Weinstock, D.O.

**Loxahatchee**  
Ellis Webster, M.D.  
Lon Barrow, M.D.  
Debra Jaffe, M.D.

**Wellington**  
Neil Goldhaber, M.D.  
Suresh Raja, M.D.

**W. Mark Flintoff, M.D.**  
President & Co-Chairman

**Nathan Nachlas, M.D.**  
Co-Chairman

**Todd Blum, M.H.A., M.B.A.**  
Chief Executive Officer

**To Whom It May Concern:**

Please be advised Dr. Nathan E. Nachlas has moved.

**Old Address:**

9980 Central Park Blvd., Suite 124  
Boca Raton, FL 33428

**New Address:**

1601 Clint Moore Rd., Suite 170  
Boca Raton, FL 33487

If you have questions please call us at 561-939-0900.

Thank you for correcting your records in this matter.