

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000048585****1. Entity Name**
EAR, NOSE AND THROAT SPECIALISTS OF FLORIDA, P.A**FILED**
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90031 029 ***150.00

Principal Place of Business

39 BARKLEY CIRCLE
FORT MYERS FL 33907

Mailing Address

39 BARKLEY CIRCLE
FORT MYERS FL 33907**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0761319Applied For
Not Applicable**5. Certificate of Status Desired** ☐**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****LANE, RICHARD J M.D.**
39 BARKLEY CIRCLE
FORT MYERS FL 33907**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE**9. This corporation is eligible to satisfy its Intangible**
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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****P** ☐ Delete
LANE, RICHARD J MD
39 BARKLEY CIR
FT MYERS FL 33907**VP** ☐ Delete
LOZANO, ALEXANDER J MD
39 BARKLEY CIR
FT MYERS FL 33907**S** ☐ Delete
FULLER, JAMES H MD
39 BARKLEY CIR
FT MYERS FL 33907**I** ☐ Delete
BARROW, HOWARD N MD
39 BARKLEY CIR
FT MYERS FL 33907**D** ☐ Delete
ANDREWS, PHILLIP E
39 BARKLEY CIR
FORT MYERS FL 33907☐ Delete

CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**☐ Change ☐ Addition

CITY-ST-ZIP☐ Change ☐ Addition

CITY-ST-ZIP☐ Change ☐ Addition

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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 life employees.****SIGNATURE:** _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/01

Date

941-936-1616

Daytime Phone #

CR2E034 (10/00)