

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000048585

1. Entity Name
EAR, NOSE AND THROAT SPECIALISTS OF FLORIDA,
P.A.



Principal Place of Business
39 BARKLEY CIRCLE
FORT MYERS, FL 33907

Mailing Address
39 BARKLEY CIRCLE
FORT MYERS, FL 33907



DO NOT WRITE IN THIS SPACE

01092008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0761319

Applied 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

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000784509
01/16/08-80058-014 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME LANE, RICHARD J MD
STREET ADDRESS 39 BARKLEY CIR
CITY-ST-ZIP FT MYERS, FL 33907

TITLE VP
NAME LOZANO, ALEXANDER J MD
STREET ADDRESS 39 BARKLEY CIR
CITY-ST-ZIP FT MYERS, FL 33907

TITLE S
NAME FULLER, JAMES H MD
STREET ADDRESS 39 BARKLEY CIR
CITY-ST-ZIP FT MYERS, FL 33907

TITLE T
NAME BARROW, HOWARD N MD
STREET ADDRESS 39 BARKLEY CIR
CITY-ST-ZIP FT MYERS, FL 33907

TITLE D
NAME ANDREWS, PHILLIP E MD
STREET ADDRESS 39 BARKLEY CIR
CITY-ST-ZIP FORT MYERS, FL 33907

TITLE D
NAME MCKENNA, DANIEL J MD
STREET ADDRESS 39 BARKLEY CIR
CITY-ST-ZIP FORT MYERS, FL 3907

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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

PRESIDENT

1-11-08

239-936-1616

Date

Daytime Phone #