2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P97000092432				FILED		
1. Entity Name EAR, NOSE & THROAT ASSOCIATES OF SOUTH • FLORIDA, P.A.				06 JUN -1 PM 1:53		
	,		100	SECKETARY OF STATE		
Principal Place		Mailing Address		SEURETARY OF STATE TALLAHASSEE, FLORIDA		
· ·		900 NW 13TH ST, SUITI BOCA RATON, FL 3348		COMBA		
DOCA NATOR	I, FL 33400	DOCK RATON, FE 3346	U			
2 Principal D	lone of Duninger	9 Mailing Address				
2. Principal Place of Business 3.		3. Mailing Address		+ LOUIS DAT THE TRIAL TOUTH BOTH BOTH BOTH BOTH BOTH BOTH BOTH BO		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05042006 Chg-P CR2E034 (11/05)		
		O'r 1 Prote				
City & State		City & State		4. FEI Number Applied For 65-0790741 Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional		
				Fee Required		
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent		
MENKHAUS, DAVID J				Chest Address (B.O. Gow Niverbasia Nat Assaulthia)		
1900 GLADES ROAD SUITE #401			Street	Street Address (P.O. Box Number is Not Acceptable)		
BOCA RATON, FL 33431						
			City	FI Zip Code		
8. The above	named entity submits this statement for	or the purpose of changing its	registered office	te or registered agent, or both, in the State of Florida. I am familiar with, and accept		
	ions of registered agent.					
SIGNATURE						
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent sig	ignature required when reinstating) DATE		
		9. Election Campai	gn Financing	\$5.00 May Be 300075157528 Added to Feiji 6/13/0601045007 ***61.25		
Am	ended AR is \$61.25	Trust Fund Conti	ribution.	Added to Fee 5/13/0601045007 **61.25		
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	Р	☐ Delete	TITLE	Acception William W. MI) Change Addition		
NAME OTDEET ADDRESS	FLINTOFF, W. MARK MD		NAME STREET ADDRES	11 4 1 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 1 2 1		
STREET ADDRESS CITY-ST-ZIP	900 NW 13TH ST, SUITE 206 BOCA RATON, FL 33486		CITY-ST-ZIP	Bocg Rafon FL 33486		
TITLE	ATVP	☐ Delete	TITLE	Change Addition		
NAME	MITCHELL, BRIAN C MD		NAME	Nachles Nathan # 206		
STREET ADDRESS CITY-ST-ZIP	900 NW 13TH ST, SUITE 206 BOCA RATON, FL 33486		STREET ADDRES	120 cg /20/201, FL 33486		
TITLE	ST ST	☐ Delete	TITLE	V DOMESTICAL TOTAL PROPERTY OF THE PROPERTY OF		
NAME	WIDICK MD, MARK		NAME	MOSA WW 13/2 ST # 306		
STREET ADDRESS	900 NW 13TH ST SUITE 206		STREET ADDRES	BOCO Raton, FL 33486		
CITY-ST-ZIP	BOCA RATON, FL 33486	Поин	CITY-ST-ZIP			
NAME	_	☐ Delete	NAME	Change David C. M.D Change MA Addition		
STREET ADDRESS	L) C)	⋖	STREET ADDRES			
CITY-ST-ZIP	(X/ Y)	<u> </u>	CITY-ST-ZIP	Boca (24/00, FL 33486		
TITLE NAME	Υ	☐ Delete	TITLE NAME	Caro Paul E Mi) Change Addition		
STREET ADDRESS			STREET ADDRES	555 900 NW 13th St # 0.06		
CITY-ST-ZIP			CITY-ST-ZIP	Boxa Raton, Pl 35406		
TITLE NAME		☐ Delete	TITLE NAME	Mintschafter Ari I MEChange PAddition		
STREET ADDRESS			STREET ADDRES	155 VOIDO NW 13/3 STAT 306		
CITY-ST-ZIP			CITY-ST-ZIP	Boxa Ration, Pt. 33486		
12. I hereby	certify that the information supplied wit	h this filing does not qualify fo	or the exemption	ns contained in Chapter 119, Florida Statutes. I further certify that the information tall 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.						
S. Aurigau	, and an amount man arranged loss,	3.75	1	1111 Sol 215		
SIGNATURE: SIGNATURE AND TYPED OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #						
SIGNATURE AND TYPED OR PRINTED FLAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Prone # W. MADV FLINTAFT MN 5/22/01						
\			4 . 1	1 had all minimals from 14 m 1331 a		

Additional Officers/Directors to Add

Title:

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Name: Address: Aronsohn, Michael, MD 900 NW 13th Street, #206

City/ST/Zip: Boca Raton, FL 33486

Title:

Name: Light, Joshua P, MD
Address: 900 NW 13th Street, #206
City/ST/Zip: Boca Raton, FL 33486