

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000092432

FILED  
Apr 20, 2009  
Secretary of State

**Entity Name:** EAR, NOSE & THROAT ASSOCIATES OF SOUTH FLORIDA, P.A.

**Current Principal Place of Business:**

1601 CLINT MOORE ROAD  
SUITE 215  
PALM BEACH, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

1601 CLINT MOORE ROAD  
SUITE 215  
PALM BEACH, FL 33487

**New Mailing Address:**

**FEI Number:** 65-0790741

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MENKHAUS, DAVID J  
1900 GLADES ROAD  
SUITE #401  
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FLINTOFF, W. MARK MD  
Address: 1601 CLINT MOORE RD SUITE 215  
City-St-Zip: BOCA RATON, FL 33487

Title: ATVP ( ) Delete  
Name: MITCHELL, BRIAN C MD  
Address: 900 NW 13TH ST, SUITE 206  
City-St-Zip: BOCA RATON, FL 33486

Title: ST ( ) Delete  
Name: WIDICK MD, MARK  
Address: 1601 CLINT MOORE RD SUITE 215  
City-St-Zip: BOCA RATON, FL 33487

Title: V ( ) Delete  
Name: MCCLERKIN, WILLIAM W MD  
Address: 900 NW 13TH ST, SUITE 206  
City-St-Zip: BOCA RATON, FL 33486

Title: V ( ) Delete  
Name: NACHLAS, NATHAN E MD  
Address: 1601 CLINT MOORE RD SUITE 215  
City-St-Zip: BOCA RATON, FL 33487

Title: V ( ) Delete  
Name: MURATA, JAMES J MD  
Address: 5130 LINTON BLVD SUITE B4  
City-St-Zip: DELRAY BEACH, FL 33484

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** MARK FLINTOFF

P

04/20/2009

Electronic Signature of Signing Officer or Director

Date