

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

36500  
7/17/03

0091403  
AV

DOCUMENT # P97000092432

1. Entity Name

EAR, NOSE & THROAT ASSOCIATES OF SOUTH FLORIDA,  
P.A.



03 JUL 25 AM 10:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
900 NW 13TH ST. SUITE 206  
BOCA RATON FL 33486

Mailing Address  
900 NW 13TH ST. SUITE 206  
BOCA RATON FL 33486

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 65-0790741

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MENKHAUS, DAVID J  
4800 N FEDERAL HWY, SUITE 210-A  
BOCA RATON FL 33431

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. 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 \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME FLINTOFF, W. MARK MD ☐ Delete  
STREET ADDRESS 900 NW 13TH ST, SUITE 206  
CITY-ST-ZIP BOCA RATON FL 33486

TITLE  
NAME 800021783508 ☐ Change ☐ Addition  
STREET ADDRESS 07/25/03--01019--006 \*\*\$550.00  
CITY-ST-ZIP

TITLE ST  
NAME HAHN-FOURNIER, MARTHA M D ☐ Delete  
STREET ADDRESS 900 NW 13TH ST, SUITE 206  
CITY-ST-ZIP BOCA RATON FL 33486

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ATVP  
NAME MITCHELL, BRIAN C MD ☐ Delete  
STREET ADDRESS 900 NW 13TH ST, SUITE 206  
CITY-ST-ZIP BOCA RATON FL 33486

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)