

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2003 8:00 am**  
**Secretary of State**

05-15-2003 90118 038 \*\*\*150.00

**DOCUMENT # P98000050832**

1. Entity Name

EAR, NOSE & THROAT, INC.



Principal Place of Business  
9970 CENTRAL PARK BOULEVARD SOUTH  
SUITE 402  
BOCA RATON FL 33428

Mailing Address  
9970 CENTRAL PARK BOULEVARD SOUTH  
SUITE 402  
BOCA RATON FL 33428

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 **65-0844262**

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

PINEYRO, ROBERT M.D.  
9970 CENTRAL PARK BLVD. SOUTH  
STE 402  
BOCA RATON FL 33428

## 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. 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, 2003 Fee will be \$550.00**  
**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

TITLE **P** ☐ Delete  
NAME **PINEYRO, ROBERT**  
STREET ADDRESS **9970 CENTRAL PARK BOULEVARD SOUTH #402**  
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE **ST** ☐ Delete  
NAME **PINEYRO, REGINA**  
STREET ADDRESS **9970 CENTRAL PARK BOULEVARD SOUTH #402**  
CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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TITLE ☐ Change ☐ Addition  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/7/03 (561) 482-7468

CR2E034 (10/02)

*Attachment*

*90135 313*

*# P98000050832*

Ear Nose & Throat Inc.

Department Of State  
Annual Reports Filings  
Division Of Corporations  
PO Box 1500  
Tallahassee, Florida 32302

May 9, 2003

P96000090415

Dear Sir/Ms:

We are enclosing our check in the amount of \$150.00. We have never been late in our payments before but in this case we are late because there was a medical problem. We hope you will consider this and abate the penalty. We called your office and this is what they told us to do.

Very truly yours,

*Roslyn Biener*

Roslyn Biener  
Controller

9970 Central Park Blvd. S Suite 402 Boca Raton, Florida 33428