2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 30, 2009
Secretary of State

DOCUMENT# P99000017378

Entity Name: FLORIDA ENT ADULT & PEDIATRIC, P.A.

Current Principal Place of Business:

720 W OAK ST
SUITE 101
KISSIMMEE, FL 34741 US

New Principal Place of Business:

Current Mailing Address:

720 W OAK ST
SUITE 101
KISSIMMEE, FL 34741 US

New Mailing Address:

FEI Number: 59-3565299 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FADHLI, OMAR A M. D.
720 W. OAK ST.
SUITE 101
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

FADHLI, OMAR A M.D.
720 W. OAK ST.
SUITE 101
KISSIMMEE, FL 34741 US

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: OMAR FADHLI 03/30/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DR ( ) Delete
Name: FADHLI, OMAR A M.D.
Address: 720 W OAK ST SUITE 101
City-St-Zip: KISSIMMEE, FL 34741

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition
Name: FADHLI, OMAR A PSTD
Address: 720 W OAK ST SUITE 101
City-St-Zip: KISSIMMEE, FL 34741

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: OMAR FADHLI PSTD 03/30/2009
Electronic Signature of Signing Officer or Director Date