

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000017378

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

**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:**

1162 CYPRESS GLEN CIRCLE  
KISSIMMEE, FL 34741 US

**Current Mailing Address:**

720 W OAK ST  
SUITE 101  
KISSIMMEE, FL 34741 US

**New Mailing Address:**

1162 CYPRESS GLEN CIRCLE  
KISSIMMEE, FL 34741 US

**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.  
1162 CYPRESS GLEN CIRCLE  
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:

02/10/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PSTD  
Name: FADHLI, OMAR A DR  
Address: 1162 CYPRESS GLEN CIR  
City-St-Zip: KISSIMMEE, FL 34741

I hereby 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 all other like empowered.

SIGNATURE: DR OMAR A. FADHLI

MD

02/10/2012

Electronic Signature of Signing Officer or Director

Date