2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007
Secretary of State

DOCUMENT# P99000024084

Entity Name: CENTRAL FLORIDA EAR NOSE AND THROAT SPECIALISTS, P.A.

Current Principal Place of Business:

925 WILLISTON PK PT
SUITE 1001
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

925 WILLISTON PK PT
SUITE 1001
LAKE MARY, FL 32746

New Mailing Address:

FEI Number: 59-3563247 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DICKS, J W ESQ.
520 CROWN OAK CENTRE DRIVE
LONGWOOD, FL 32750 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: BRANCH, MICHAEL E
Address: 925 WILLISTON PK PT
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BRANCH, MICHAEL E
Address: 925 WILLISTON PK PT SUITE 1001
City-St-Zip: LAKE MARY, FL 32746

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL E BRANCH P 04/11/2007

Electronic Signature of Signing Officer or Director Date