

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 NOV -6 AM 8:01

DOCUMENT # P99000029718

1. Entity Name

Ear, Nose, & Throat Institute of South Florida

**DO NOT WRITE IN THIS SPACE**

400008820074  
11/06/02--01038--003 \*\*150.00

2. Principal Place of Business  
8198 Jog Road  
Suite, Apt. #, etc.  
suite 102B

3. Mailing Address  
8198 Jog Road  
Suite, Apt. #, etc.  
suite 102B

City & State  
Boynton Beach, FL  
Zip  
33437  
Country  
USA

City & State  
Boynton Beach, FL  
Zip  
33437  
Country  
USA

4. FEI Number  
65-0907956

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Neil G. Goldhaber, M.D.

Street Address (P.O. Box Number is Not Acceptable)  
10111 Forest Hill Blvd # 355

City  
Wellington FL Zip Code  
33414

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Neil G. Goldhaber  
1395 Wood Dale Terrace  
Wellington, FL 33414

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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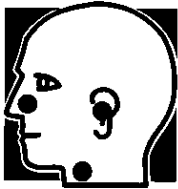
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/24/02 (561) 734-3636

CR2E034B (12/01)



# Ear, Nose & Throat Institute OF SOUTH FLORIDA

Neil G. Goldhaber, M.D.  
Board Certified, American Board of Otolaryngology

Suresh Raja, M.D.  
Board Certified, American Board of Otolaryngology

October 25, 2002

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

To Whom It May Concern;

We recently received a "Notice of Administrative Dissolution or Revocation" addressed to Dr. Goldhaber's home address. This has been the only correspondence that we have received from you to this date. After receiving this notice, I promptly called your office and downloaded the annual report form as prompted. I apologize for the delay in completing the form; our mailing address has been corrected to prevent this error from reoccurring.

Enclosed is the completed UBR form as well as a check for \$150.00. Should you have any questions regarding this matter, please do not hesitate to contact our office.

Thank you,

Tracey Nannenhorn  
Office Administrator