

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90046 015 ***150.00

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1. Entity Name
GAINESVILLE OTOLARYNGOLOGY GROUP, P.A.



Principal Place of Business
**6821 N.W 11TH PLACE
GAINESVILLE, FL 32605**

Mailing Address
**6821 N.W 11TH PLACE
GAINESVILLE, FL 32605**

40021212



DO NOT WRITE IN THIS SPACE

02022007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3573729

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GERSHOW, ELLEN R
203 N.E. 1ST STREET
GAINESVILLE, FL 32601**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**D
GERSHOW, JAMES A M.D.
2215 NW 24TH AVE
GAINESVILLE, FL 32605**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/15/2007 352-321-6700