


FILED  
Apr 23, 2003 8:00 am  
Secretary of State

04-23-2003 90171 033 \*\*\*150.00

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

DOCUMENT # <b>P99000045201</b>	
1. Entity Name <b>Gainesville Otolaryngology Group, P.A.</b>	

**DO NOT WRITE IN THIS SPACE**

**11009618**

2. Principal Place of Business <b>6821 N.W. 11th Place</b>		3. Mailing Address <b>Same</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Gainesville FL</b>		City & State	
Zip <b>32605</b>	Country <b>U.S.A.</b>	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-3573729</b>		Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name <b>Ellen R. Gershow</b>	
	Street Address (P.O. Box Number is Not Acceptable) <b>203 N.E. 1st Street</b>	
	City <b>Gainesville</b>	Zip Code <b>FL 32601</b>

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Florida Department of State

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	<b>President James A. Gershow, M.D. 2215 NW 24th Ave. Gainesville FL 32605</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Vice President James H. Walker, Jr. M.D. 2431 NW 14th Place Gainesville FL 32605</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**James A. Gershow, M.D.**

Date

**4/21/03**

Daytime Phone #

**(352) 331-6700**

CR2E034B (12/02)