

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90049 047 ***150.00

DOCUMENT # P99000082269

1. Entity Name

ATLANTIC EAR, NOSE & THROAT, P.A.

Principal Place of Business

**803 SHRIVER CIRCLE
 LAKE MARY FL 32746**

Mailing Address

**803 SHRIVER CIRCLE
 LAKE MARY FL 32746-4931**

2. Principal Place of Business

1850 LEE ROAD

3. Mailing Address

P.O. BOX 953577

Suite, Apt. #, etc.

#135

Suite, Apt. #, etc.

City & State

WINTER PARK, FL

City & State

LAKE MARY, FL

Zip

32789

Country

USA

Zip

32795-3577

Country

USA

4. FEI Number

59-3599451

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6.. Name and Address of Current Registered Agent

**B&C CORPORATE SERVICES OF CENTRAL FLA. INC
 390 N. ORANGE AVE.
 ORLANDO FL 32801-1640**

7.. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

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

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 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	<input type="checkbox"/> Delete
	D			
	SHAH, DEVANG M.D.	803 SHRIVER CIRCLE	LAKE MARY FL 32746	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	DIP				
		1850 LEE ROAD, SUITE 135	WINTER PARK, FL 32789		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DEVANG M.D. SHAH
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/2000

Date

407-444-5225

Daytime Phone #

CR2E034 (9/99)