

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000082269

**FILED**  
**Jan 24, 2008**  
**Secretary of State**

**Entity Name:** ATLANTIC EAR, NOSE & THROAT, P.A.

**Current Principal Place of Business:**

963 TOWN CTR DR  
ORANGE CITY, FL 32763 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 953577  
LAKE MARY, FL 327953577 US

**New Mailing Address:**

**FEI Number:** 59-3599451      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SHAH, DEVANG  
963 TOWN CTR DR  
LAKE MARY, FL 32746 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: DP ( ) Delete  
Name: SHAH, DEVANG M.D.  
Address: 963 TOWN CTR DR  
City-St-Zip: ORANGE CITY, FL 32763

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DEVANG SHAH

Electronic Signature of Signing Officer or Director

DR

01/24/2008

Date