2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000082269

FILED Apr 09, 2009 Secretary of State

Entity Na	me: ATLANTI	C EAR, NOSE & THROAT, F	P.A.				
Current Principal Place of Business:			New Prin	New Principal Place of Business:			
	N CTR DR CITY, FL 3276	3 US					
Current Mailing Address:			New Mail	New Mailing Address:			
P.O. BOX LAKE MAF	953577 RY, FL 327953	577 US					
FEI Number	: 59-3599451	FEI Number Applied For ()	FEI Number Not App	olicable ()	Certificate of Status Desire	ed ()	
Name and	d Address of C	urrent Registered Agent:	Name and	d Address o	f New Registered Agent:		
SHAH, DEVANG 963 TOWN CTR DR LAKE MARY, FL 32746 US			963 TÓWI	SHAH, DEVANG 963 TOWN CTR DR ORANGE CITY, FL 32763 US			
	e named entity : e of Florida.	submits this statement for the	e purpose of changing	its registered	d office or registered agent,	or both,	
SIGNATUI	RE:				04/09/2009		
	Electror	ic Signature of Registered A	gent		Date		
Election Ca	mpaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	SHAH, DEVANO 963 TOWN CTI	R DR	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	ROTHBAUM 963 TOWN (() Change (X) Addition , DANIEL MD DENTER DR TY, FL 32763		

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, MD DP 04/09/2009