

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S47088

1. Entity Name
**EAR, NOSE, THROAT AND FACIAL PLASTIC SURGERY
CENTER OF SOUTH FLORIDA, P.A.**



Principal Place of Business
**220 SW 84 AVENUE
SUITE 101
PLANTATION, FL 33324 US**

Mailing Address
**220 SW 84 AVENUE
SUITE 101
PLANTATION, FL 33324 US**

**FILED
Jul 22, 2004 08:00 AM
Secretary of State**



07192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3062637** Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**JOHNSON, CURTIS D
220 SW 84 AVENUE
SUITE 101
PLANTATION, FL 33324**

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

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JOHNSON, CURTIS D 220 SW 84 AVENUE, STE. 101 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ROSENTHAL, JON 220 SW 84 AVENUE, STE. 101 PLANTATION, FL 33324
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IN THIS SPACE**

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07/22/04-80001-005 150.00

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

SIGNATURE:

Jon N. Rosenthal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/04
Date

934.476.0400
Daytime Phone #