

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S51215

1. Entity Name

EAR, NOSE AND THROAT INSTITUTE/FACIAL SURGERY GR

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90040 023 ***150.00

Principal Place of Business

Mailing Address

13691 METRO PKWY S.
S420
FT. MYERS FL 33912

13691 METRO PKWY S.
S420
FT. MYERS FL 33912

CO044978



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0259362

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KUSHNER, HAROLD C M.D.
13961 METRO PARKWAY S
SUITE #420
FT MYERS FL 33912

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME KUSHNER, HAROLD C., M.D.
STREET ADDRESS 13691 METRO PKWY S
CITY-ST-ZIP FT. MYERS FL ☐ Delete

TITLE F, D
NAME KUSHNER, HAROLD C., M.D.
STREET ADDRESS 13691 METRO PKWY S.
CITY-ST-ZIP FT. MYERS, FL 33912 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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.

HAROLD C. KUSHNER, MD

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/2001

Date

941-768-7332

Daytime Phone #

CR2E034 (10/00)