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Feb 21 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S66287** (1)  
1. Corporation Name  
**E.N.T. ASSOCIATES OF NORTHWEST FLORIDA, P.A.**



Principal Place of Business  
**5149 N. NINTH AVENUE  
SUITE 105  
PENSACOLA FL 32504  
US**

Mailing Address  
**5149 N. NINTH AVENUE  
SUITE 105  
PENSACOLA FL 32504-8733  
US**

2. Principal Place of Business  
21 **4511 N DAVIS HWY**  
Suite, Apt. #, etc.  
22 **BLOG C-1**  
City & State  
23 **Pensacola FL**  
Zip  
24 **32503** Country  
25 **Escambia**

2a. Mailing Address  
26 **4511 N DAVIS HWY**  
Suite, Apt. #, etc.  
27 **Bldg C-1**  
City & State  
28 **Pensacola, FL**  
Zip  
29 **32503** Country  
30 **Escambia**

3. Date Incorporated or Qualified  
**07/10/1991**

3a. Date of Last Report  
**03/05/1996**

4. FEI Number  
**59-3076227**

Applied For  
☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent  
**LOZIER, DAN  
125 W. ROMANA ST.  
SUITE 222  
PENSACOLA FL 32592-0408**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME                 | STREET ADDRESS              | CITY-ST-ZIP        | DELETE                   |
|-------|----------------------|-----------------------------|--------------------|--------------------------|
| PD    | SCHNEIDER, THOMAS R. | 5149 N. NINTH AVE. STE. 105 | PENSACOLA FL 32504 | <input type="checkbox"/> |
| VD    | CLARK, WILLIAM B.    | 5149 N. NINTH AVE. STE. 105 | PENSACOLA FL 32504 | <input type="checkbox"/> |
|       |                      |                             |                    | <input type="checkbox"/> |
|       |                      |                             |                    | <input type="checkbox"/> |
|       |                      |                             |                    | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME              | STREET ADDRESS             | CITY-ST-ZIP         | DELETE                   | Change                              | Addition                            |
|-------|-------------------|----------------------------|---------------------|--------------------------|-------------------------------------|-------------------------------------|
| PD    | SCHNEIDER, THOMAS | 4511 N. DAVIS HWY BLDG C-1 | PENSACOLA, FL 32503 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| VD    | CLARK, WILLIAM B. | 4511 N. DAVIS HWY BLDG C-1 | PENSACOLA, FL 32503 | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| VD    | BANE, STEPHEN M.  | 4511 N. DAVIS HWY BLDG C-1 | PENSACOLA, FL 32503 | <input type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
|       |                   |                            |                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |
|       |                   |                            |                     | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            |

14. I do 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 annual report or supplemental annual 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 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

*Thomas R. Schneider* (T.R. Schneider) 2/12/97 484-0529

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)