2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2006 08:00 AM
Secretary of State

DOCUMENT # S66287

1. Entity Name
E.N.T. ASSOCIATES OF NORTHWEST FLORIDA, P.A.

Principal Place of Business	Mailing Address
4521 N DAVIS HIGHWAY PENSACOLA, FL 32503 US	4521 N DAVIS HIGHWAY PENSACOLA, FL 32503 US

07142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3076227

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHELL, FLEMING, DAVIS, & MENGE
9TH FLOOR SEVILLE TOWER
PENSACOLA, FL 32591-1831

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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 $550.00
Due by September 6, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CLARK, WILLIAM B
STREET ADDRESS	4521 N DAVIS HWY
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	P
NAME	CLARK, WILLIAM B.
STREET ADDRESS	4521 N DAVIS HWY
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	VP/T
NAME	PYLE, PAULA B
STREET ADDRESS	4521 N DAVIS HWY
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/01/06-80009-010 558.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Paula B Pyle 7/23/06 (850) 484-0520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #