

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S66287

FILED
Jul 08, 2008
Secretary of State

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

Current Principal Place of Business:

4521 N DAVIS HIGHWAY
PENSACOLA, FL 32503 US

New Principal Place of Business:

4551 N DAVIS HIGHWAY
SUITE 2-A
PENSACOLA, FL 32503 US

Current Mailing Address:

4521 N DAVIS HIGHWAY
PENSACOLA, FL 32503 US

New Mailing Address:

4551 N DAVIS HIGHWAY
SUITE 2-A
PENSACOLA, FL 32503 US

FEI Number: 59-3076227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHELL, FLEMING, DAVIS, & MENGE
9TH FLOOR SEVILLE TOWER
PENSACOLA, FL 325911831 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CLARK, WILLIAM B
Address: 4521 N DAVIS HWY
City-St-Zip: PENSACOLA, FL 32503

Title: P () Delete
Name: CLARK, WILLIAM B.
Address: 4521 N DAVIS HWY
City-St-Zip: PENSACOLA, FL 32503

Title: VP/T () Delete
Name: PYLE, PAULA B
Address: 4521 N DAVIS HWY
City-St-Zip: PENSACOLA, FL 32503

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CLARK, WILLIAM B MD
Address: 4551 N DAVIS HWY SUITE 2-A
City-St-Zip: PENSACOLA, FL 32503 US

Title: P (X) Change () Addition
Name: CLARK, WILLIAM B MD
Address: 4521 N DAVIS HWY SUITE 2-A
City-St-Zip: PENSACOLA, FL 32503 US

Title: VP/T (X) Change () Addition
Name: PYLE, PAULA B MD
Address: 4551 N DAVIS HWY SUITE 2-A
City-St-Zip: PENSACOLA, FL 32503 US

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: ELIZABETH S. MCCRORY

OM

07/08/2008

Electronic Signature of Signing Officer or Director

Date