

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S91295

FILED  
Apr 23, 2007  
Secretary of State

**Entity Name:** PEDIATRIC OTOLARYNGOLOGY HEAD & NECK SURGERY ASSOCIATES, P.A.

**Current Principal Place of Business:**

800 SIXTH STREET SOUTH  
4TH FLOOR  
ST. PETERSBURG, FL 337014816 US

**New Principal Place of Business:**

**Current Mailing Address:**

801 SIXTH STREET SOUTH  
#7535  
ST. PETERSBURG, FL 337014816 US

**New Mailing Address:**

PO BOX 76479  
ST. PETERSBURG, FL 33734 US

**FEI Number:** 59-3090457

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DOBBS, ROBERT L  
250 MIRROR LAKE DRIVE NORTH  
ST PETERSBURG, FL 33701 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: OROBELLO, PETER W., M.D.  
Address: 801 6TH ST SOUTH #7535  
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: V ( ) Delete  
Name: ANDREWS, THOMAS M. M.D.  
Address: 801 6TH ST SOUTH #7535  
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: S ( ) Delete  
Name: CRESSMAN, WADE R MD  
Address: 801 6TH ST S #7535  
City-St-Zip: SAINT PETERSBURG, FL 33701

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: PETER W. OROBELLO, MD

PRES

04/23/2007

Electronic Signature of Signing Officer or Director

Date