## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # S91295**



**FILED** Feb 19, 2008 8:00 am Secretary of State 02-19-2008 90016 014 \*\*\*150.00

2011

Mailing Address   SON 764179   ST. PETERSBURG, FL 33734   US   ST. PETERSBURG, FL 33734   US   ST. PETERSBURG, FL 33701-4816 US   SUID. Appl. v. etc.   O1182008   Chgp   CR2E034 (12/05)		IC OTOLARYNGOLOGY H Y ASSOCIATES, P.A.	EAD & NECK	Walks.						
Suite, Apt. #, etc.   Suite, Apt. #, etc.   O1182008   Chg-P   CR2E34 (12/08)	800 SIXTH ST 4TH FLOOR	TREET SOUTH	PO BOX 76479	3734	us	\q. \cdot\	, Anti non nesa sana an	1 <b>818</b> 14 <b>918</b> 11 <b>818</b> 1		
City & State  Ci	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
County	Suite, Apt. #, etc. Suite, Apt. #, etc.				01182008	Chg-P	CR2E0	34 (12/06)		
S. Carrictorie of Islatus Desired   Fire Required   Fire Req	City & State	В	City & State						<b></b>	<del></del>
Name	Zip	Country	Zip	Country		5. Certificate of	f Status Desired			
DOBERT L 250 MIRROR LAKE DRIVE NORTH STPETERSBURG, FL 33701    City   FL   Zip Code		6. Name and Address of Current	Registered Agent			7. Name and A	Address of New R	legistered A	gent	
Street Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)	DODDS D	OPERTI			Name					,
## The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    File Now    FEE IS \$150.00   After May 1, 2008 Fee will be \$550.00   Trust Fund Contribution.   \$5.00 May Be Added to Fees	250 MIRROR LAKE DRIVE NORTH		;	Street Address (P.O. Box Number is Not Acceptable)						
The obligations of registered agent   SIGNATURE     Signature, typed or printed registered agent and titled applicable.   (NOTE, Perplatened Agent separative invanire invanishing)   DATE					City			FL	Zip Cod	
### Part			r the purpose of changing its r	regislered	office or registe	red agent, or both	n, in the State of Flo	orida. I am f	amiliar with,	and accept
### Part	CICNIATURE									
### Added to Fees    10.	SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	: Registered A	gen: signature require	d when reinstating)		DATE		<del></del>
TITLE NAME OROBELLO, PETER W., M.D. 90 belete NAME OROBELLO, PETER W., M.D. 801 6TH ST SOUTH #7535 SIRET ADDRESS CITY-ST-ZIP SAINT PETERSBURG, FL 33701 TITLE NAME OROSES CITY-ST-ZIP SIREET ADDRESS CITY-ST-ZIP SIREET ADD				•			, ,			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	10.		DIRECTORS	11.		ADDITIONS/0	CHANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	name Street address	OROBELLO, PETER W., M.D. 801 6TH ST SOUTH #7535		name Street /	į				☐ Change	☐ Addition
CRESSMAN, WADE R MD 801 6TH ST S #7535 SAINT PETERSBURG, FL 33701  TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	ANDREWS, THOMAS M. M.D. 801 6TH ST SOUTH #7535		name Street /					☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TO Change Addition Addition NAME STREET ADDRESS CITY-ST-ZIP	HAME STREET ADDRESS	CRESSMAN, WADE R MD 801 6TH ST S #7535		NAME STREET	1				☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  CHANGE STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  CHANGE STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS		□ Delete	name Street /	l l				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS		☐ Delete	name Street					☐ Change	Addition
12. I hereby certify that the information supplied with this tiling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information	NAME STREET ADDRESS CITY-ST-ZIP		grade and the second second	NAME STREET CITY-ST	I-ZIP	d in Chapter 110	Florida Statuton	further cost		

of is #10 and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director any owner to be secure this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if \$1,500, with all other like empowered. of the corporation or the receiver or trustee changed, or on an attachment with an addr

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #