

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S91295

FILED
Mar 24, 2009
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

Current Mailing Address:

PO BOX 76479
ST. PETERSBURG, FL 33734 US

New Principal Place of Business:

239 SECOND AVENUE SOUTH
SUITE 200
ST PETERSBURG, FL 33701 US

New Mailing Address:

FEI Number: 59-3090457 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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:

DOBBS, ROBERT L
235 SECOND AVENUE SOUTH
ST PETERSBURG, FL 33701 US

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:

03/24/2009

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: P (X) Change () Addition
Name: OROBELLO MD, PETER W
Address: 239 SECOND AVENUE SOUTH #200
City-St-Zip: ST PETERSBURG, FL 33701

Title: V (X) Change () Addition
Name: ANDREWS, THOMAS M. M.D.
Address: 239 SECOND AVENUE SOUTH #200
City-St-Zip: ST PETERSBURG, FL 33701

Title: S (X) Change () Addition
Name: CRESSMAN MD, WADE R
Address: 239 SECOND AVENUE SOUTH #200
City-St-Zip: ST PETERSBURG, FL 33701

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: PETER W OROBELLO, MD

PRES

03/24/2009

Electronic Signature of Signing Officer or Director

Date