&COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

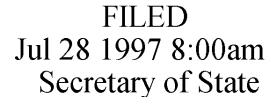
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(5)

ST. LUCIE - MARTIN OTOLARYNGOLOGY ASSOCIATES, P.

Principal Place of Business

Mailing Address





1801 S.E. HILLMOOR DR. SUITE B-105 PORT ST. LUCIE FL 34952		1801 S.E. HILLMOOR DR. SUITE B-105 PORT ST. LUCIE FL 34952				DO NOT WHITE IN THIS SPACE 3. Date Incorporated or Qualifico 3a. Date of Last Report 07/16/1992 04/22/1996
2. Principal P	tace of Business	2a. Mailing Address 26				4, FET Number Applied For 65-0349058 Not Applicable
Suite, Apt.	#, etc.	Suile, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required
City & State	e	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution
Zip	Country Z(p C-		r- 1	Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent
ALLEN, RICHARD B.			81 Name		Name	
	1 S.E. HILLMOOR DR. IE B-105		8:		Street A	Address (P.O. Box Number is Not Acceptable)
	IT ST. LUCIE FL 34952		Ī	83		
			ļ	84	City	FL 85 Zip Code
11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE						
12.	Signature typed or printed name of registered age OFLICERS AN	· · · · · · · · · · · · · · · · · · ·	11E Registered	Age	nt signature n	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPSP	DELETE	 1.1 Till	F	[Change Addition
NAME	DI 01 —			1.2 NAME		
STREET ADDRESS 1801 S.E. HILLMOOR DR.			1.3 \$7		ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL		1.4 CITY - ST - ZIP		1-7IP	
TITLE	T 🔊		2.1.1111.6			Change Addition
NAME	ALLEN, RICHARD B.		2.2 NAM	ΛE		
STREET ADDRESS	1801 S.E. HILLMOOR DR.		2.3 STR	EET,	ADDRESS	
CITY - ST - ZIP	PORT ST LUCIE FL		2. 4 CIT	2. 4 CITY - S1 - ZIP		
TITLE	VP □ DELETE 3.1		3.1 Tifu	3.1 TITLE		Change Addition
NAME	BERGHASH, LESLIE R.		3.2 NAME			
STREET ADDRESS 1801 SE HILLMOOR DR					ADORESS	
CITY - \$1 - ZIP			3 4. CIT		1 - 7·P	Change Multipe
TITLE		aliza, Julii I. IIes.				L Change L Addition
NAME Street address	1861 35 1111111001 511		4 2 NAI		ADDRESS	
CHTY+ST-ZIP	ruit St. Lucie, it		4.3 S (H			
TITLE		DELETE	51 1111		- 211	Change Addation
NAME				5.2 NAME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP			5.4 0(1)			
TITLE		☐ DELETE				Change Addition
NAME			6.2 NAN	Al-	}	
STREET ADDRESS			63 SIR	EET,	ADDRESS	
CITY-ST-ZIP	<u> </u>		6.4 CITY	Y- S1	· Z(P	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under early, 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 12 or Block 13 if changed, or on an attachment with an indicates.