

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V71774

FILED  
Feb 06, 2004  
Secretary of State

**Entity Name:** GUY P. LAFOND, M.D., OTOLARYNGOLOGY HEAD AND NECK SURGERY, P.A.

**Current Principal Place of Business:**

1672 N MISSOURI  
LARGO, FL 33770

**New Principal Place of Business:**

1622 N MISSOURI  
LARGO, FL 33770

**Current Mailing Address:**

1672 N MISSOURI  
LARGO, FL 33770

**New Mailing Address:**

**FEI Number:** 59-3135703

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAFOND M.D., GUY P  
1112 DRUID ROAD SOUTH  
CLEARWATER, FL 34616 US

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

LAFOND M.D., GUY P  
1622 N MISSOURI  
LARGO, FL 33770 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:

02/06/2004

Electronic Signature of Registered Agent

Date

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LAFOND, GUY P MD  
Address: 1672 N MISSOURI  
City-St-Zip: LARGO, FL 33770

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

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 Section 119.07(3)(i), 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: GUY P LAFOND MD

P

02/06/2004

Electronic Signature of Signing Officer or Director

Date