

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 09, 2005 8:00 am
Secretary of State

08-01-2005 90024 026 ***150.00

DOCUMENT # V71774 1. Entity Name GUY P. LAFOND, M.D.; OTOLARYNGOLOGY HEAD AND NECK SURGERY, P.A.					
Principal Place of Business 1622 N MISSOURI LARGO FL 33770			Mailing Address 1672 N MISSOURI LARGO FL 33770		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		1st MOORE CR2E034 (10/04)	
City & State		City & State		4. FEI Number 59-3135703	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAFOND M.D., GUY P 1622 N MISSOURI LARGO FL 33770				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P LAFOND, GUY P MD 1672 N MISSOURI LARGO FL 33770	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I 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 report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Guy Lafond</i></u> 7-25-05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

64027162
Guy P. Lafond, M.D., P.A.

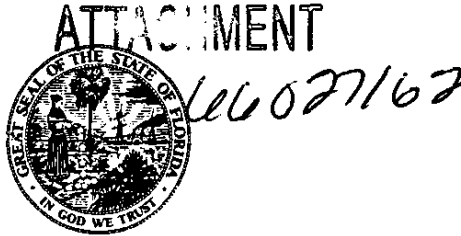
Associate Professor
of Otolaryngology
And Family Practice
University of South Florida

1112 Druid Rd. S.
Clearwater, FL 33756
(727) 446-0944 Fax (727) 298-0589

Board Certified
Ear, Nose & Throat

Reference V71774 8-21-05

To The Division of Corporation
I hereby state that I did not
see the annual report notice for
2004. I would have no
reason to delay or not to pay.
Please forgive the \$400 penalty.
Guy Lafond



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 25, 2005

GUY P. LAFOND, M.D., OTOLARYNGOLOGY HEAD AND NECK SURGE
1672 N MISSOURI
LARGO, FL 33770

SUBJECT: GUY P. LAFOND, M.D., OTOLARYNGOLOGY HEAD AND NECK
SURGERY, P.A.
Ref. Number: V71774

Please be advised, we have received your annual report/uniform business report for the above corporation and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following:

You failed to make the correction(s) requested in our previous letter.

The fee to file the profit annual report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00. If a certificate of status is desired, please add an additional \$8.75

The only provision the Division of Corporations has for waiver of the \$400.00 late fee is if the annual report notice was not received. A letter stating this fact must accompany the completed annual report.

TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tina Roberts
Document Specialist

Letter Number: 605A00053995