

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 551686

Entity Name: BREVARD EAR, NOSE & THROAT CENTER, P.A.

Current Principal Place of Business:

% RONALD A. BURK
1099 FLORIDA AVE.
ROCKLEDGE, FL 32955

Current Mailing Address:

% RONALD A. BURK
1099 FLORIDA AVE.
ROCKLEDGE, FL 32955

FEI Number: 59-1780425

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BURK, RONALD A.
1099 FLORIDA AVE.
ROCKLEDGE, FL 32955 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name BURK, RONALD A DR.
Address 1099 FLORIDA AVE.
City-State-Zip: ROCKLEDGE FL 32955

Title TREASURER, DIRECTOR
Name WHITLEY, DAVID M DR.
Address % RONALD A. BURK
 1099 FLORIDA AVE.
City-State-Zip: ROCKLEDGE FL 32955

Title SECRETARY, DIRECTOR
Name HOLT, THOMAS S DR.
Address % RONALD A. BURK
 1099 FLORIDA AVE.
City-State-Zip: ROCKLEDGE FL 32955

I hereby 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 all other like empowered.

SIGNATURE: RONALD A. BURK, MD

PRESIDENT

05/12/2014

Electronic Signature of Signing Officer/Director Detail

Date