

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 551686

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

Current Principal Place of Business:

% DAVID M. WHITLY
1099 FLORIDA AVE.
ROCKLEDGE, FL 32955

Current Mailing Address:

% DAVID M. WHITLEY
1099 FLORIDA AVE.
ROCKLEDGE, FL 32955 US

FEI Number: 59-1780425

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WHITLEY, DAVID M DR.
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: DAVID M. WHITLEY

01/11/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, TREASURER
Name HOLT, THOMAS S DR.
Address % DAVID M. WHITLEY
1099 FLORIDA AVE.
City-State-Zip: ROCKLEDGE FL 32955

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

Title SECRETARY, DIRECTOR
Name CRAIN, RACHEL M DR.
Address % DAVID M. WHITLEY
1099 FLORIDA AVENUE
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: DAVID M. WHITLEY

DIRECTOR

01/11/2017

Electronic Signature of Signing Officer/Director Detail

Date