

**2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 602688

**Entity Name:** EAR, NOSE & THROAT ASSOCIATES, M.D., P.A.

**Current Principal Place of Business:**

9711 COMMERCE CENTER CT, SUITE 101  
FORT MYERS, FL 33908

**Current Mailing Address:**

9711 COMMERCE CENTER CT  
SUITE 101  
FORT MYERS, FL 33908 US

**FEI Number:** 59-1315597

**Certificate of Status Desired:** No

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

NEWLON, JAMES L  
9711 COMMERCE CENTER CT  
SUITE 101  
FORT MYERS, FL 33908 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:** JAMES L NEWLON

01/29/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name NEWLON, JAMES L  
Address 9711 COMMERCE CENTER CT  
SUITE 101  
City-State-Zip: FORT MYERS FL 33908

Title VP  
Name HORLBECK , DREW M  
Address 9711 COMMERCE CENTER CT  
SUITE 101  
City-State-Zip: FORT MYERS FL 33908

Title EXECUTIVE SECRETARY  
Name PHAM, CHAUCHAU T  
Address 9711 COMMERCE CENTER CT  
SUITE 101  
City-State-Zip: FORT MYERS FL 33908

*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:** JAMES L NEWLON

PRESIDENT

01/29/2025

Electronic Signature of Signing Officer/Director Detail

Date