2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2016
Secretary of State
CC5944648807

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Entity Name: N. FL CENTER FOR OTO-HNS, FACIAL PLASTIC SURGERY, P.A.

Current Principal Place of Business:

3 SAN BARTOLA DRIVE
ST. AUGUSTINE, FL 32086

Current Mailing Address:

3 SAN BARTOLA DRIVE
ST. AUGUSTINE, FL 32086 US

FEI Number: 59-3407776

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

TALIAFERRO, ARTHUR CM.D.
3 SAN BARTOLA DRIVE
SAINT AUGUSTINE, FL 32086 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	P
Name	TALIAFERRO, ARTHUR C
Address	3 SAN BARTOLA DR.
City-State-Zip:	SAINT AUGUSTINE FL 32086

Title	T
Name	MILLER, ROBERT S
Address	3 SAN BARTOLA DR.
City-State-Zip:	ST. AUGUSTINE FL 32086

Title	VP
Name	LEAKE, DEIRDRE S
Address	1750 TREE BLVD STE 10
City-State-Zip:	ST. AUGUSTINE FL 32084

Title	S
Name	TOWNE, LAURA E
Address	1750 TREE BLVD STE 1
City-State-Zip:	ST. AUGUSTINE FL 32084

Title	VP
Name	BRENNAN, CHRISTINA B
Address	1750 TREE BLVD STE 1
City-State-Zip:	ST. AUGUSTINE FL 32084

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: ARTHUR TALIAFERRO PRESIDENT 01/25/2016

Electronic Signature of Signing Officer/Director Detail — Date