

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000075465

FILED
Jan 25, 2009
Secretary of State

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

Current Principal Place of Business:

6130 PRESTLEY MILL RD.
STE. C
DOUGLASVILLE, GA 30134

New Principal Place of Business:

Current Mailing Address:

8029 COVEY CIR.
MOUNT DORA, FL 32757

New Mailing Address:

FEI Number: 59-3622718

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PERSAUD, NEIL A
8029 COVEY CIRCLE
MOUNT DORA, FL 32757 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: PERSAUD, NEIL A
Address: 34835 CR 439
City-St-Zip: EUSTIS, FL 32736

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NEIL PERSAUD

CEO

01/25/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date