

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000075465

**FILED**  
**Jan 06, 2012**  
**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 ( )

**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

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: PERSAUD, NEIL A  
Address: 8029 COVEY CIRCLE  
City-St-Zip: MOUNT DORA, FL 32756

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: NEIL PERSAUD

MR

01/06/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date