## 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.

DO

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: NEIL PERSAUD

# 2013 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000075465

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

### **Current Principal Place of Business:**

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

### **Current Mailing Address:**

8029 COVEY CIR. MOUNT DORA, FL 32757

## FEI Number: 59-3622718

### Name and Address of Current Registered Agent:

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

### **Officer/Director Detail :**

CEO Title PERSAUD, NEIL A Name Address 8029 COVEY CIRCLE City-State-Zip: MOUNT DORA FL 32756 Certificate of Status Desired: No

CC4478183680

FILED Apr 26, 2013

Secretary of State

Date

04/26/2013 Date