


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Sep 01, 2005 8:00 am
Secretary of State

09-01-2005 90022 003 ***550.00

DOCUMENT # P00000075465

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



Principal Place of Business Mailing Address
6130 PRESTLEY MILL RD. 8029 COVEY CIR.
STE. C MOUNT DORA FL 32757
DOUGLASVILLE GA 30134

30064330



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

2nd MOORE CR2E034 (5/05)

City & State City & State
Zip Country Zip Country

4. FEI Number Applied For
59-3622718 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
PERSAUD, NEIL A
8029 COVEY CIRCLE
MOUNT DORA FL 32757

7. Name and Address of New Registered Agent
Name: Neil Persaud
Street Address (P.O. Box Number is Not Acceptable): 8029 Covey Circle
City: Mount Dora FL Zip Code: 32757

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *[Signature]* DATE: 8/1/05

FILE NOW!!! FEE IS \$550.00
DUE BY September 7, 2005
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

9. Election Campaign Financing \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO PERSAUD, NEIL A 34835 CR 439 EUSTIS FL 32736	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 8/1/05