FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
May 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. [redacted]
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000051169 (6)

1. Corporation Name

E.N.T. NETWORK OF FLORIDA, INC.

1110 Coral Way
Coral Gables, Fl 33134

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: 06/14/1996

4. FEI Number: 59-3384595 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PALENZUELA, ROBERTO L
701 BRICKELL AVENUE
SUITE 2150
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: Dr. Jose A Pelayo
82 Street Address (P.O. Box Number is Not Acceptable): 1110 Coral Way
83 City: Coral Gables, Fl
84 City: FL 85 Zip Code: 33134

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Dr. Jose A Pelayo — 1/13/98
Signature, typed or printed name of registered agent and title if applicable (Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	President/CEO	☑ Change ☐ Addition
NAME	PELAYO, JOSE		1.2 NAME	Dr Jose A Pelayo	
STREET ADDRESS	1110 CORAL WAY		1.3 STREET ADDRESS	1110 Coral Way	
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CITY-ST-ZIP	Coral Gables, Fl 33134	
TITLE		☐ DELETE	2.1 TITLE	Dr. Lucas Ponnello, Director	☐ Change ☑ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS	13311 SW 101 St	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	Miami Florida 33186	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME	000002493190--9	
STREET ADDRESS			3.3 STREET ADDRESS	-04/20/98--01012--014	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	****150.00 ****150.00	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Dr. Jose A Pelayo 1/13/98 305 385 1000

CR2E034 (10/97)