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

STREET ADDRESS

CITY-ST-ZIP

FILED May 28 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Sortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS **19**98 DOCUMENT # P96000051169 (6) NETWORK OF E.N.T. FLORIDA, INC. DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/14/1996 2. Principal Place of Bu 4. FEI Number Applied For 59-3384595 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 Trust Fund Contribution 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 26 29 Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 PALENZUELA, ROBERTO L JUSE 701 BRICKELL AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 1110 **SUITE 2150** 83 MIAMI FL 33131 Conal 84 City 11. Pursuant to the provisions of Socions 607 0502 and 607.1508, Dorida 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Socion 607.0505, Florida Statutes. Dr. Jose logistored Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. long-/ceo DELE1E Change Addition TITLE PELAYO, JOSE 1.2 NAME 1110 CORAL WAY STREET ADDRESS 1.3 STREET ADDRESS CORAL GABLES FL 33134 conal Galles, Fl 1.4 CITY-\$1-2IP CITY-ST-ZIP On was pornello, Direct Change DELETE TITLE 2.1 TITLE 22 NAME NAME 13311 SW 101 ST STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CiTY-\$1-ZiP DELETE 3.1 TO LE Change TITLE 000002493190---04/20/98--01012--014 NAME 3.2 NAME 3.3 STREFT ADDRESS STREET ADDRESS ****150.00 ****150.00 CITY-ST-ZIP 3.4. CHTY-ST-ZIP DELETE Change TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE **6.1 TITLE** NAME 6.2 NAME

> 6.3 STREET ADDRESS 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 supplementar 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.