2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: EAR, NOSE & THROAT ASSOCIATES OF SOUTH FLORIDA, P.A.

Current Principal Place of Business:

1601 CLINT MOORE ROAD
SUITE 215
PALM BEACH, FL 33487

New Principal Place of Business:

Current Mailing Address:

1601 CLINT MOORE ROAD
SUITE 215
PALM BEACH, FL 33487

New Mailing Address:

FEI Number: 65-0790741 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MENKHAUS, DAVID J
1900 GLADES ROAD
SUITE #401
BOCA RATON, FL 33431 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: P
Name: FLINTOFF, W. MARK MD
Address: 1601 CLINT MOORE RD SUITE 215
City-St-Zip: BOCA RATON, FL 33487

Title: ATVP
Name: MITCHELL, BRIAN C MD
Address: 900 NW 13TH ST, SUITE 206
City-St-Zip: BOCA RATON, FL 33486

Title: ST
Name: WIDICK MD, MARK
Address: 1601 CLINT MOORE RD SUITE 215
City-St-Zip: BOCA RATON, FL 33487

Title: V
Name: NACHLAS, NATHAN E MD
Address: 1601 CLINT MOORE RD SUITE 215
City-St-Zip: BOCA RATON, FL 33487

Title: V
Name: MURATA, JAMES J MD
Address: 5130 LINTON BLVD SUITE B4
City-St-Zip: DELRAY BEACH, FL 33484

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: TODD BLUM P 01/09/2012

Electronic Signature of Signing Officer or Director — Date