

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23000010746

Entity Name: ENT MEDICAL SPECIALISTS, P.A.

Current Principal Place of Business:

4515 WILES ROAD
SUITE 201
COCONUT CREEK, FL 33073

Current Mailing Address:

4515 WILES ROAD
SUITE 201
COCONUT CREEK, FL 33073

FEI Number: 92-2593689

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PAUL J. LANE ESQ. P.A.
10380 SW VILLAGE CENTER DR. #419
PORT ST LUCIE, FL 34987 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

_____ Date

Officer/Director Detail :

Title P
Name GUPTA, HINA T
Address 4515 WILES ROAD, SUITE 201
City-State-Zip: COCONUT CREEK FL 33073

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: HINA GUPTA

P

03/21/2024

Electronic Signature of Signing Officer/Director Detail

Date