

**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