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: MICHAEL BIBLIOWICZ

Electronic Signature of Signing Officer/Director Detail

<u>2019</u>	FLORIDA PR	OFIT CORPOR	ATION ANNUAL	<u>REPORT</u>

DOCUMENT# P93000023934

Entity Name: ORLANDO EAR NOSE & THROAT ASSOCIATES, P.A.

Current Principal Place of Business:

5830 LAKE UNDERHILL RD. ORLANDO, FL 32807

Current Mailing Address:

5830 LAKE UNDERHILL RD. ORLANDO, FL 32807 US

FEI Number: 59-3172112

Name and Address of Current Registered Agent:

SHAW, THOM C ESQ. 2200 LUCIEN WAY SUITE 405 MAITLAND, FL 32751 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	: THOM C SHAW			03/04/2019			
	Electronic Signature of Registered Agent			Date			
Officer/Director Detail :							
Title	PD	Title	VD				
Name	BIBLIOWICZ, MICHAEL M	Name	HARRINGTON, DALE C				
Address	4399 GABRIELLA LANE	Address	5138 FAIRWAY OAKS DRIVE				
City-State-Zip:	WINTER PARK FL 32792	City-State-Zip:	WINDEMERE FL 34786				
Title	SD	Title	TD				
The	30	The	1D				
Name	RABAJA, DAVID R	Name	WAIZENNEGER, LISA				
Address	9743 CHESTNUT RIDGE DR	Address	5830 LAKE UNDERHILL ROAD				
City-State-Zip:	WINDERMERE FL 34786	City-State-Zip:	ORLANDO FL 32807				

PRESIDENT

FILED Mar 04, 2019 **Secretary of State** 3720394565CC

Certificate of Status Desired: No

Date