

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

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**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BIBLIOWICZ, MICHAEL M DR.  
5830 LAKE UNDERHILL RD.  
ORLANDO, FL 32807 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:** BIBLIOWICZ , MICHAEL M

02/05/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD
Name	BIBLIOWICZ, MICHAEL M
Address	4399 GABRIELLA LANE
City-State-Zip:	WINTER PARK FL 32792

Title	SD
Name	RABAJA, DAVID R
Address	9743 CHESTNUT RIDGE DR
City-State-Zip:	WINDERMERE FL 34786

Title	VD
Name	HARRINGTON, DALE C
Address	5138 FAIRWAY OAKS DRIVE
City-State-Zip:	WINDEMERE FL 34786

Title	TD
Name	WAIZENNEGER, LISA
Address	5830 LAKE UNDERHILL ROAD
City-State-Zip:	ORLANDO FL 32807

*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

PHYSICIAN

02/05/2024

Electronic Signature of Signing Officer/Director Detail

Date