I hereby certify that the information indicated on this report or supplemental report is true and accur	rate 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 exec	cute 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 M BIBLIOWICZ D O	PRES	04/27/2015

PRES

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 lega
asthe that I am an officer or director of the corporation or the receiver or trustee ampewared to execute this report as required by Chapter 607. Elevida Statutes: a

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				04/27/2015		
	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			
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			

Name and Address of Current Registered Agent:

SUITE 405 MAITLAND, FL 32751 US

2015 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

SHAW, THOM C ESQ.

2200 LUCIEN WAY

FILED Apr 27, 2015 Secretary of State CC8078443796

Certificate of Status Desired: No

Date

Electronic Signature of Signing Officer/Director Detail

SIGNATURE: MICHAEL M BIBLIOWICZ, D.O.