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	М	BIBI IOWICZ

Electronic Signature of Signing Officer/Director Detail

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			03/15/2018	
	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	WAIZENNEGER, LISA		
Name	RABAJA, DAVID R	Name	WAIZENNEOER, EISA		
Address	9743 CHESTNUT RIDGE DR	Address	5830 LAKE UNDERHILL ROAD		
City-State-Zip:	WINDERMERE FL 34786	City-State-Zip:	ORLANDO FL 32807		

Certificate of Status Desired: No

FILED Mar 15, 2018 Secretary of State CC2891876451

Date

03/15/2018

PRESIDENT

# 2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000023934