FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 5:55

DOCUMENT # 766787 (6)

1. Corporation Name

PAN AMERICAN ASSOCIATION OF OTO-RHINO-LARYNGOLOG Y AND BRONCHO-ESOPHAGOLOGY, INC.

Principal Place of Business	Mailing Address
2727 W BUFFALO AVE. STE. #620 TAMPA FL 33684-5450	2727 W BUFFALO AVE. STE. #620 TAMPA FL 33684-5450

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/28/1983
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2313646 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CHANDLER, JAMES R., III
5915 PONCE DE LEON #62
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	SAVARY, PAUL, MD	12 NAME	EUGENIO ROMERO-DIAZ MD	
STREET ADDRESS	44 COTE DA PALAIS	13 STREET ADDRESS	RONDEAU 181	
CITY-ST-ZIP	QUEBEC, CANADA	14 CITY-ST-ZIP	5000 CORDOBA, ARGENTINA	
TITLE	SD	21 TITLE		☐ Change ☐ Addition
NAME	ESTARITTA, LAZARO P. MD	22 NAME		
STREET ADDRESS	APARTADO # 2598 44	23 STREET ADDRESS		
CITY-ST-ZIP	CARTUENA, COLUMBIA	24 CITY-ST-ZIP		
TITLE	TD	31 TITLE		☐ Change ☐ Addition
NAME	ALONSO, WILLIAM A.	32 NAME		
STREET ADDRESS	2727 W.BUFFALO AVE.	33 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	VICENS, ENRIQUE	42 NAME		
STREET ADDRESS	MARINA 16	43 STREET ADDRESS		
CITY-ST-ZIP	PONCE PR	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	MANIGLIA, ANTHONY	52 NAME		
STREET ADDRESS	UNIV.HOSP.OF CLEVELAND	53 STREET ADDRESS		
CITY-ST-ZIP	CLEVELAND OH	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 3/24/95 813-875-9002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
WILLIAM A. ALONSO MD

0086170