FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # 766787 (6)

1. Corporation Name

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

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

Mailing Address
2727 W BUFFALO AVE.
STE. #620
TAMPA FL 33684-5450

3. Date Incorporated or Qualified: 01/28/1983
3a. Date of Last Report: 04/03/1995

2. Principal Place of Business — 21
Suite, Apt #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc — 27
City & State — 28
Zip — 29 Country — 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE ______ DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	ROMERO-DIAZ, EUGENIO M	
STREET ADDRESS	RONDEAN 131	
CITY-ST-ZIP	SOOO CORDOBA AR	
TITLE	SD	☐ DELETE
NAME	ESTARITTA, LAZARO P. MD	
STREET ADDRESS	APARTADO # 2598 44	
CITY-ST-ZIP	CARTUENA, COLUMBIA	
TITLE	TD	☐ DELETE
NAME	ALONSO, WILLIAM A.	
STREET ADDRESS	2727 W.BUFFALO AVE.	
CITY-ST-ZIP	TAMPA FL	
TITLE	~~D~~	☑ DELETE
NAME	~~VIGENS, ENRIQUE~~	
STREET ADDRESS	~~MARINA 16~~	
CITY-ST-ZIP	~~PONCE PR~~	
TITLE	D	☐ DELETE
NAME	MANIGLIA, ANTHONY	
STREET ADDRESS	UNIV.HOSP.OF CLEVELAND	
CITY-ST-ZIP	CLEVELAND OH	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE	D	☐ Change ☑ Addition
4 2 NAME	GOODWIN, W. JARRAKD	
4 3 STREET ADDRESS	1600 N.W. 10th Ave	
4 4 CITY-ST-ZIP	Miami, FL 33136	
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY-ST-ZIP		

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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)(k), 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: [signature] 8-20-96 813-875-9002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

William A. Alonso, MD