

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

98 FEB -5 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 766787

1. Corporation Name

PAN AMERICAN ASSOCIATION OF OTO-RHINO-LARYNGOLOGY 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



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.
1475 NW 12 AVE #4037
City & State
MIAMI, FL
Zip
33136
Country
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.
P.O. Box 550052
City & State
TAMPA, FL
Zip
33655-0052
Country
USA

4. Date Incorporated or Qualified To Do Business in Florida

01/28/1983

5. FEI Number

59-2313646

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PD	ROMERO DIAZ, EUGENIO-M JORGE CORYERA, M.D.	RONDEAN 131 DURANGO 49-701	9000 GORDON AVE MEXICO CITY, MEXICO
SD VD	ESTARITA, LAZARO P. MD ROLAND D. EAYEY, M.D.	APARTADO # 2608-44 243 CHARLES ST.	CARTUENA, COLUMBIA BOSTON, MA 02114
TD	ALONSO, WILLIAM A. W. JARRARD GOODWIN, M.D.	2727 W. BUFFALO AVE. 1475 NW 12 AVE #4037	TAMPA FL MIAMI, FL 33136
SD	GOODWIN, W. JARRARD ANTONIO DE LA CRUZ, M.D.	1800 NW 10TH AVE 2100 WEST THIRD ST.	MIAMI FL LOS ANGELES, CA 90057
D	MANIGLIA, ANTHONY- LUIS CABEZAS, M.D.	UNIV. HOSP. OF CLEVELAND CASILLA 634	CLEVELAND OH VALDIVIA, CHILE
			300002427163--4 -02/11/98--01004--005 ****297.50 ****297.50

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name
W. JARRARD GOODWIN, MD
Street Address (P.O. Box Number is Not Acceptable)
1475 NW 12 AVE #4037
Suite, Apt. #, Etc.
City
Miami
State
FL
Zip Code
33136

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

1/26/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☒

(See other side for information on Intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/26/98

CR2E040 (8/97)