

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 766787

1. Entity Name

PAN AMERICAN ASSOCIATION OF OTO-RHINO-LARYNGOLOG

Principal Place of Business

1475 N.W. 12 AVE. #4037
MIAMI FL 33136

Mailing Address

1475 N.W. 12 AVE. #4037
MIAMI FL 33136-1002

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-0779014

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOODWIN, W. JARRARD
1475 N.W. 12TH AVE. #4037
MIAMI FL 33136

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

X W Jarrard

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CORVERA, JORGE M.D.	
STREET ADDRESS	DURANGO 49-701	
CITY-ST-ZIP	MEXICO CITY MX	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	EAVEY, ROLAND D M.D.	
STREET ADDRESS	243 CHARLES ST.	
CITY-ST-ZIP	BOSTON MA 02114	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GOODWIN, W. JERRARD	
STREET ADDRESS	1475 N.W. 12 AVE. #4057	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CRUZ, ANTONIO DE LA M.D.	
STREET ADDRESS	2100 WEST THIRD STREET	
CITY-ST-ZIP	LOS ANGELES CA 90057	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CABEZAS, LUIS M.D.	
STREET ADDRESS	CASILLA 634	
CITY-ST-ZIP	VALDIVIA, CHILE	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Anthony J. Maniglia	
STREET ADDRESS	4167 Palm Lane	
CITY-ST-ZIP	Miami, FL 33137	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JOSE BLASLAK	
STREET ADDRESS	Joaquin de Salterain, 1475	
CITY-ST-ZIP	Montevideo, Uruguay	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICARDO EPPRECHT	
STREET ADDRESS	MAIPU 331	
CITY-ST-ZIP	Antofagasta, Chile	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

X W Jarrard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/00

FILED
Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90113 025 ****61.25

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DO NOT WRITE IN THIS SPACE