

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90209 020 ****61.25

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

2. Principal Place of Business

Rainbow Babies Children Hospital

3. Mailing Address

1100 Euclid Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Cleveland, OH

City & State

Cleveland, OH

4. FEI Number

59-0779014

Applied For

Not Applicable

Zip

Country

44106-5000

Zip

Country

44106-5000

USA

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

RD-1-075-N-12, MD

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

1475 N.W. 12TH AVE. #4025 (D-48)

City

MIAMI, FL

Zip Code

33136

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

James E. Arnold - Treasurer General

4/19/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 NAME STREET ADDRESS CITY-ST-ZIP	PD MANIOLIA, ANTHONY J 4167 PALM LAKE MIAMI FL 33137	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BLASLAK, JOSE 1475 JOCEQUIN DE SALTE RAIN MONTE VIDEO UG	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOODWIN, W. JERRARD 1475 N.W. 12 AVE. #4057 MIAMI FL 33136	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CRUZ, ANTONIO DE LA M.D. 2100 WEST THIRD STREET LOS ANGELES CA 90057	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EPPRECHT, RICHARDO MAIPU 331 ANTOFAGASTA CH	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOSE ANTONIO RIVAS, MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ANTHONY J. MANIOLIA 4167 PALM LAKE MIAMI, FL 33137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JAMES E. ARNOLD, MD.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROY CASIANO, MD 1475 NW 12th Ave. #4025 (D-48) MIAMI, FL 33136	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)