

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 766787

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: PAN AMERICAN ASSOCIATION OF OTO-RHINO-LARYNGOLOGY AND BRONCHO-ESOPHAGOLOGY, INC.

Current Principal Place of Business:

RAINBOW BABIES CHILDREN HOSPITAL
11100 EVELID AVENUE
CLEVELAND, OH 441065000

New Principal Place of Business:

Current Mailing Address:

RAINBOW BABIES CHILDREN HOSPITAL
11100 EVELID AVENUE
CLEVELAND, OH 441065000

New Mailing Address:

FEI Number: 59-0779014

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOODWIN, W. JARRARD
1475 N.W. 12TH AVE.
#4025 (D-48)
MIAMI, FL 33136 US

Name and Address of New Registered Agent:

CASIANO, ROY
1475 N.W. 12TH AVE.
#4025 (D-48)
MIAMI, FL 33136 US

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: ROY CASIANO

04/30/2002

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: RIVAS, JOSE NATONIO MD
Address: 4167 PALM LAKE
City-St-Zip: MIAMI, FL 33137

Title: VD () Delete
Name: MANIGCIA, ANTHONY J
Address: 4167 PALM LAKE
City-St-Zip: MIAMI, FL 33137

Title: TD () Delete
Name: ARNOLD, JAMES E MD
Address: 1475 N.W. 12 AVE. #4057
City-St-Zip: MIAMI, FL 33136

Title: SD () Delete
Name: CRUZ, ANTONIO DE LA M.D.
Address: 2100 WEST THIRD STREET
City-St-Zip: LOS ANGELES, CA 90057

Title: S () Delete
Name: CASIANO, ROY MD
Address: 1475 NW 12TH AVENUE# 4025 (D-48)
City-St-Zip: MIAMI, FL 33136

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES E ARNOLD MD

TD

04/30/2002

Electronic Signature of Signing Officer or Director

Date