

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766787

FILED  
Aug 29, 2004  
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 EUCLID 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:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

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: MANIGLIA, ANTHONY J  
Address: 4167 PALM LAKE  
City-St-Zip: MIAMI, FL 33137

Title: TD ( ) Delete  
Name: ARNOLD, JAMES E MD  
Address: 11100 EUCLID AVE  
City-St-Zip: CLEVELAND, OH 44106

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: PD (X) Change ( ) Addition  
Name: RIVAS, JOSE ANTONIO MD  
Address: 4167 PALM LAKE  
City-St-Zip: MIAMI, FL 33137

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

08/29/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date