

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 766787

FILED
Apr 14, 2011
Secretary of State

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

Current Principal Place of Business:

1475 N.W. 12 AVE
(D-1) 4025
MIAMI, FL 33136

New Principal Place of Business:

1120 NW 14TH STREET
(D-1) 5TH FLOOR
MIAMI, FL 33136

Current Mailing Address:

1475 N.W. 12 AVE
(D-1) 4025
MIAMI, FL 33136

New Mailing Address:

1120 NW 14TH STREET
(D-1) 5TH FLOOR CRB
MIAMI, FL 33136

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 DR
1475 N.W. 12 AVE
(D-1) 4025
MIAMI, FL 33136 US

Name and Address of New Registered Agent:

CASIANO, ROY DR
1120 N.W. 14TH STREET
(D-1) 5TH FLOOR CRB
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:

04/14/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: CASIANO, ROY DR
Address: 1120 NW 14TH STREET CRB 5TH FLOOR
City-St-Zip: MIAMI, FL 33136

Title: T
Name: ANGELIC, SIMON DR
Address: 1120 N.W. 14TH STREET CRB 5TH FLOOR
City-St-Zip: MIAMI, FL 33136 US

Title: PE
Name: MACIAS, LUIS DR.
Address: 1120 NW 14TH STREET CRB 5TH FLOOR
City-St-Zip: MIAMI, FL 33136

Title: S
Name: BLANCO, PEDRO DR.
Address: 1120 N.W. 14TH STREET CRB 5TH FLOOR
City-St-Zip: MIAMI, FL 33136

I hereby 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 all other like empowered.

SIGNATURE: DR. ROY CASIANO

PRES

04/14/2011

Electronic Signature of Signing Officer or Director

Date