


FILED
Apr 23 1998 8:00am
Secretary of State

<p>PROFIT CORPORATION ANNUAL REPORT 1998</p>		<p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>
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<p>DOCUMENT # K68308 (1)</p> <p>1. Corporation Name</p> <p>SOUTH FLORIDA EAR, NOSE AND THROAT CENTER, P.A.</p>		

Principal Place of Business	Mailing Address
HONGMAN, MILLER, SCHWARTZ AND COHN 222 LAKEVIEW AVENUE SUITE 800 W PALM BCH FL 33401 US	HONGMAN MILLER SCHWARTZ AND COHN 222 LAKEVIEW AVENUE SUITE 800 W PALM BCH FL 33401-6154 US

2. Principal Place of Business		2a. Mailing Address	
21	3365 BURNS ROAD Suite, Apt. #, etc.	2b	3365 BURNS ROAD Suite, Apt. #, etc.
22	SUITE 203 City & State	27	SUITE 203 City & State
23	Palm Beach GARDENS, FL Zip	28	Palm Beach GARDENS, FL Zip
24	33410	29	33410
25	U.S.A.	30	U.S.A.

9. Name and Address of Current Registered Agent	
HOMISCO INCORPORATION, INC. HONIGMAN MILLER SCHWARTZ AND COHN, P.A. 222 LAKEVIEW AVENUE SUITE 800 W PALM BCH FL 33401	81 Name
	82 Street Address
	83
	84 City

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstalling)

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

DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

4-14-98

56/626-9523

CR2E034 (10/97)