FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AMENDED AND FILED
'95 MAR 21 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000064483 (9)

1. Corporation Name
GOLD COAST EAR, NOSE & THROAT ASSOCIATES, INC.

Principal Place of Business	Mailing Address
5130 LINTON BLVD STE B4 DELRAY BCH FL 33484 US	5130 LINTON BLVD STE B4 DELRAY BCH FL 33484 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/15/1993
3a. Date of Last Report: 03/30/1994
4. FEI Number: 65-0437721 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)
2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

EASTHAM, JOHN K JR.
5130 LINTON BLVD
STE B4
DELRAY BCH FL 33484

10. Name and Address of New Registered Agent

81 Name: I. JEFFREY PHETERSON
82 Street Address (P.O. Box Number is Not Acceptable): 400 South Dixie Highway
83: Suite 420
84 City: Boca Raton, FL 85 Zip Code: 33432

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: [signature] 2/21/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	Director	☒ Change ☐ Addition
NAME	MURATA, CAROLYN R	1.2 NAME	James J. Murata M.D	
STREET ADDRESS	3117 WESTMINSTER DR	1.3 STREET ADDRESS	5130 LINTON BLVD, B4	
CITY-ST-ZIP	BOCA RATON FL 33496	1.4 CITY-ST-ZIP	DELRAY BEACH, FL 33496	
TITLE		2.1 TITLE	~~Director~~	☒ Change ☐ Addition
NAME		2.2 NAME	~~James J. Murata M.D~~	
STREET ADDRESS		2.3 STREET ADDRESS	~~5130 Linton Blvd, Ste B4~~	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	~~Delray Beach, FL 33496~~	
TITLE		3.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME		3.2 NAME	JEFFREY S. SCHOTTLAND, M.D.	
STREET ADDRESS		3.3 STREET ADDRESS	5130 LINTON BLVD, STE. B-4	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	DELRAY BEACH, FL 33484	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] CAROLYN MURATA 3-14-95 407 495-8585
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0277348 CP