


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Feb 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000009699 (7)**

1. Corporation Name
ENT-ASC, INC.

Principal Place of Business 1281 S HICKORY ST MELBOURNE FL 32901 US	Mailing Address 1281 S HICKORY ST MELBOURNE FL 32901-3231 US
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2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

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3. Date Incorporated or Qualified
02/04/1994

3a. Date of Last Report
04/23/1996

4. FEI Number
59-3239018

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

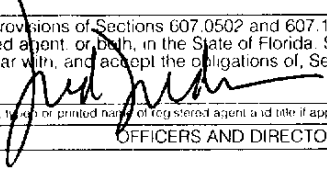
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**CARTER, JOHN
1281 HICKORY STREET
SUITE C
MELBOURNE FL 32901**

10. Name and Address of New Registered Agent

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's signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **FREEDMAN, FRED**

STREET ADDRESS **1281 HICKORY STREET**

CITY - ST - ZIP **MELBOURNE FL**

TITLE ☒ DELETE

NAME **ST KRONMAN, BARRY**

STREET ADDRESS **1281 HICKORY STREET**

CITY - ST - ZIP **MELBOURNE FL**

TITLE ☐ DELETE

NAME **VP LYNCH, JOYCE**

STREET ADDRESS **1281 HICKORY STREET**

CITY - ST - ZIP **MELBOURNE FL**

TITLE ☐ DELETE

NAME **VP ISBELL, EUCLID**

STREET ADDRESS **1281 HICKORY STREET**

CITY - ST - ZIP **MELBOURNE FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

14. I do 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  DATE **04/23/96**

CR2E034 (9/96)