FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FILED

95 MAR -9 AM 7:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000031814 (4)

1. ENT HEALTHCARE NETWORK, INC.

Principal Place of Business	Mailing Address
201 SW 82ND AVE 404 PLANTATION FL 33324	201 SW 82ND AVE 404 PLANTATION FL 33324

3. Date Incorporated: 04/25/1994

4. FEI Number: 65-0488322 — 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

9. Name and Address of Current Registered Agent

MENKHAUS, DAVID J
4800 N FEDERAL HWY 210A
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. [illegible] ... the above-named corporation submits this statement for the purpose of changing its registered office ... Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. ...

2/28/95

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City, St, Zip
President	Herbert Moselle, M.D.	201 NW 82nd Ave., Ste. 404	Plantation, FL 33324
Vice President	William Hunt, M.D.	3540 Forest Hill Blvd., Ste. 205	West Palm Beach, FL 33406
Vice President	Michael Owens, M.D.	4675 Ponce De Leon Blvd., Ste. 204	Coral Gables, FL 33146
Treasurer	William W. McClerkin, M.D.	900 NW 13 Street, Ste. 206	Boca Raton, FL 33486
Secretary	Lawrence Burns, M.D.	4101 NW 4th Street, Ste. 100	Plantation, FL 33317
Member At Large	Nathan Nachlas, M.D.	900 NW 13 Street, Ste. 206	Boca Raton, FL 33486

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — Change / Addition

14. I 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 the 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: ______ 2/25/95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0332767 CP