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Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000031814 (4)

1. Corporation Name
ENT HEALTHCARE NETWORK, INC.

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

Mailing Address
201 SW 82ND AVE 404
PLANTATION FL 33324-1839



3. Date Incorporated or Qualified
04/25/1994

3a. Date of Last Report
02/21/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0488322

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 of officer, principal, or 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 P ☐ DELETE
NAME MOSELLE, HERBERT M
STREET ADDRESS 201 NW 82ND AVE STE 404
CITY- ST- ZIP PLANTATION FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE VP ☐ DELETE
NAME HUNT, WILLIAM M
STREET ADDRESS 3540 FOREST HILL BLVD. STE. 205
CITY- ST- ZIP WEST PALM BEACH FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE VP ☐ DELETE
NAME OWENS, MICHAEL M
STREET ADDRESS 4875 PONCE DE LEON BLVD STE 204
CITY- ST- ZIP CORAL GABLES FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE T ☐ DELETE
NAME MCCLERKIN, WILLIAM W. M
STREET ADDRESS 900 NW 13TH ST STE 208
CITY- ST- ZIP BOCA RATON FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE S ☐ DELETE
NAME BURNS, LAWRENCE M
STREET ADDRESS 4101 NW 4TH ST STE 100
CITY- ST- ZIP PLANTATION FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE M ☐ DELETE
NAME NACHLAS, NATHAN M
STREET ADDRESS 900 NW 13TH ST STE 208
CITY- ST- ZIP BOCA RATON FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0283318

CR2E034 (9/96)