2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: OTOLARYNGOLOGY CONSULTANTS, P.A.

Current Principal Place of Business:

10301 HAGEN RANCH ROAD
SUITE B-900
BOYNTON BEACH, FL 33437

New Principal Place of Business:

Current Mailing Address:

PO BOX 811029
BOCA RATON, FL 334811029

New Mailing Address:

PO BOX 811029
BOCA RATON, FL 33481-102

FEI Number: 62-1612307 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPEKTOR, ZORIK M.D.
10301 HAGEN RANCH ROAD
SUITE B-900
BOYNTON BEACH, FL 33437 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DPT
Name: SPEKTOR, ZORIK MD
Address: 10301 HAGEN RANCH ROAD STE B-900
City-St-Zip: BOYNTON BEACH, FL 33437

Title: DVPS
Name: KAY, DAVID J
Address: 10301 HAGEN RANCH ROAD STE B-900
City-St-Zip: BOYNTON BEACH, FL 33437

Title: DVPS
Name: MANDELL, DAVID L
Address: 10301 HAGEN RANCH ROAD STE B-900
City-St-Zip: BOYNTON BEACH, FL 33437

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ZORIK SPEKTOR, MD DPT 02/08/2012

Electronic Signature of Signing Officer or Director — Date