

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000099415

FILED
Apr 30, 2012
Secretary of State

Entity Name: TAMPA EAR, NOSE & THROAT ASSOCIATES, P.L.

Current Principal Place of Business:

3450 E. FLETCHER AVE., SUITE 350
TAMPA, FL 33613

New Principal Place of Business:

3450 E FLETCHER AVE
SUITE 350
TAMPA, FL 33613

Current Mailing Address:

3450 E. FLETCHER AVE., SUITE 350
TAMPA, FL 33613

New Mailing Address:

3450 E FLETCHER AVE
SUITE 350
TAMPA, FL 33613

FEI Number: 45-3305028

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGNELLO, PETER F M.D.
3450 E. FLETCHER AVE., SUITE 350
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

AGNELLO, PETER F M.D.
3450 E FLETCHER AVE
SUITE 350
TAMPA, FL 33613 US

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:

04/30/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: AGNELLO, PETER F M.D.
Address: 3450 E FLETCHER AVE, SUITE 350
City-St-Zip: TAMPA, FL 33613 US

Title: MGRM
Name: NOFSINGER, YOON C M.D.
Address: 3450 E FLETCHER AVE, SUITE 350
City-St-Zip: TAMPA, FL 33613 US

Title: MGRM
Name: SEPER, JANET L M.D.
Address: 3450 E FLETCHER AVE, SUITE 350
City-St-Zip: TAMPA, FL 33613 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: PETER F AGNELLO, M.D.

MGRM

04/30/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date