

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000096327

**Entity Name:** ENTA INVESTMENTS II LLC**Current Principal Place of Business:**1330 SOUTH FORT HARRISON AVENUE  
CLEARWATER, FL 33756**Current Mailing Address:**1330 SOUTH FORT HARRISON AVENUE  
CLEARWATER, FL 33756**FEI Number:** 20-5664657**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CANTU, DAVID O  
2430 ESTANCIA BOULEVARD  
SUITE 114  
CLEARWATER, FL 33761 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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR
Name	ALIDINA, ARIF A MD
Address	1330 SOUTH FORT HARRISON AVE
City-State-Zip:	CLEARWATER FL 33756

Title	MGR
Name	ANTHONY, STEVEN L DO
Address	1330 SOUTH FORT HARRISON AVE
City-State-Zip:	CLEARWATER FL 33756

Title	MGR
Name	BARNA, JAMES S MD
Address	1330 SOUTH FORT HARRISON AVE
City-State-Zip:	CLEARWATER FL 33756

Title	MGR
Name	COHEN, LANCE M MD
Address	1330 SOUTH FORT HARRISON AVE
City-State-Zip:	CLEARWATER FL 33756

Title	MGR
Name	MILLER, MITCHELL B MD
Address	1330 SOUTH FORT HARRISON AVE
City-State-Zip:	CLEARWATER FL 33756

Title	MGR
Name	STEINIGER, JOSEPH R MD
Address	1330 SOUTH FORT HARRISON AVE
City-State-Zip:	CLEARWATER FL 33756

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 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; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** ARIF A. ALIDINA, MD

MGR

01/07/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date