

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000011963

Entity Name: FLORIDA E.N.T. AND ALLERGY, P.L.L.C.**Current Principal Place of Business:**5105 N ARMENIA AVE
TAMPA, FL 33603**Current Mailing Address:**10002 PRINCESS PALM AVE, STE 340
TAMPA, FL 33619 US**FEI Number:** 45-3304492**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VARGAS, CARLOS
5105 N. ARMENIA AVE
TAMPA, FL 33603 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:** CHARLES A. MOORE III

02/09/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title P
Name AGLIANO, DENNIS S
Address 5105 NORTH ARMENIA AVENUE
City-State-Zip: TAMPA FL 33603

Title VP
Name BOOTHBY, RENE A
Address 5105 N ARMENIA AVE
City-State-Zip: TAMPA FL 33603

Title MBR
Name ROGERS, JEREMY B
Address 5105 N ARMENIA AVE
City-State-Zip: TAMPA FL 33603

Title MD
Name NOFSINGER, YOON
Address 5105 N ARMENIA AVE
City-State-Zip: TAMPA FL 33603

Title T
Name RIVERA, MIGUEL A
Address 5105 N ARMENIA AVE
City-State-Zip: TAMPA FL 33603

Title S
Name POWELL, SCOTT A
Address 5105 N ARMENIA AVE
City-State-Zip: TAMPA FL 33603

Title MD
Name AGNELLO, PETER
Address 5105 N ARMENIA AVE
City-State-Zip: TAMPA FL 33603

Title MD
Name LEE, JANET
Address 5105 N ARMENIA AVE
City-State-Zip: TAMPA FL 33603

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

SIGNATURE: MIGUEL RIVERA

OWNER

02/09/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date