

2024 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:

10002 PRINCESS PALM AVE
SUITE 318
TAMPA, FL 33619

FILED
Feb 20, 2024
Secretary of State
6850538720CC

Current Mailing Address:

10002 PRINCESS PALM AVE, STE 318
TAMPA, FL 33619 US

FEI Number: 45-3304492

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

DAVIS, CHRISTOPHER
10002 PRINCESS PALM AVE
SUITE 318
TAMPA, FL 33619 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: CHRISTOPHER DAVIS

02/20/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

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

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

Title T
Name ROGERS, JEREMY B
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 NOFSINGER, YOON
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

Title AUTHORIZED MEMBER
Name ANDERSON, SCOTT
Address 10002 PRINCESS PALM AVE, STE 318
City-State-Zip: TAMPA FL 33619

Title AUTHORIZED MEMBER
Name BAINES, PAMELA
Address 10002 PRINCESS PALM AVE, STE 318
City-State-Zip: TAMPA FL 33619

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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

PRESIDENT

02/20/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title AUTHORIZED MEMBER
Name FISHER, MICHELLE
Address 10002 PRINCESS PALM AVE, STE 318
City-State-Zip: TAMPA FL 33619

Title AUTHORIZED MEMBER
Name REQUENA, RICARDO
Address 10002 PRINCESS PALM AVE, STE 318
City-State-Zip: TAMPA FL 33619

Title AUTHORIZED MEMBER
Name BURTON, JONATHAN
Address 10002 PRINCESS PALM AVE, STE 318
City-State-Zip: TAMPA FL 33619

Title AUTHORIZED MEMBER
Name MALONE, ALEX
Address 10002 PRINCESS PALM AVE, STE 318
City-State-Zip: TAMPA FL 33619

Title AUTHORIZED MEMBER
Name JAQUISH, SHELLEY
Address 10002 PRINCESS PALM AVE, STE 318
City-State-Zip: TAMPA FL 33619

Title AUTHORIZED MEMBER
Name LETO, CHRISTOPHER
Address 10002 PRINCESS PALM AVE, STE 318
City-State-Zip: TAMPA FL 33619

Title AUTHORIZED MEMBER
Name BASLER, KEITH
Address 10002 PRINCESS PALM AVE, STE 318
City-State-Zip: TAMPA FL 33619