

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000099415

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

**Current Principal Place of Business:**

3000 MEDICAL PARK DR  
SUITE 200  
TAMPA, FL 33613

**Current Mailing Address:**

3000 MEDICAL PARK DR  
SUITE 200  
TAMPA, FL 33613 US

**FEI Number:** 45-3305028

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

AGNELLO, PETER F DR.  
3000 MEDICAL PARK DR  
SUITE 200  
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:** PETER F AGNELLO, MD

04/12/2013

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name AGNELLO, PETER F DR.  
Address 3000 MEDICAL PARK DR  
SUITE 200  
City-State-Zip: TAMPA FL 33613

Title MGRM  
Name NOFSINGER, YOON C DR.  
Address 3000 MEDICAL PARK DR  
SUITE 200  
City-State-Zip: TAMPA FL 33613

Title MGRM  
Name SEPER, JANET L DR.  
Address 3000 MEDICAL PARK DR  
SUITE 200  
City-State-Zip: TAMPA FL 33613

*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:** PETER F AGNELLO, MD

MGRM

04/12/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date