


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2004 8:00 am**  
**Secretary of State**

04-20-2004 90188 028 \*\*\*\*50.00

<b>DOCUMENT # L00000000645</b>	
1. Entity Name ST. PETERSBURG EAR, NOSE & THROAT CENTER, LLC	

Principal Place of Business 2299 NINTH AVENUE N., SUITE 3-B ST. PETERSBURG, FL 33713	Mailing Address 2299 NINTH AVENUE N., SUITE 3-B ST. PETERSBURG, FL 33713
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04162004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent BRONSTEIN, JOEL D 150 SECOND AVENUE NORTH, SUITE 1100 ST. PETERSBURG, FL 33701	7. Name and Address of New Registered Agent Name <u>ALAN M. GALL, M.D.</u> Street Address (P.O. Box Number is Not Acceptable) <u>2299 Ninth Avenue North</u> <u>Suite 3-B</u> City <u>ST. PETERSBURG</u> FL Zip Code <u>33713</u>
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Alan M. Gall MD DATE 4-16-04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by May 1, 2004</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GALL, ALAN M M.D. 2299 NINTH AVE., SUITE 3-B ST. PETERBURG, FL 33713 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Alan M. Gall MD DATE 4-16-04 DAYTIME PHONE # 727-321-3344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE