

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008631

FILED
Apr 07, 2006
Secretary of State

Entity Name: ST. AUGUSTINE EAR, NOSE, AND THROAT, L.L.C.

Current Principal Place of Business:

120 HEALTH PARK BLVD.
SUITE 3
ST. AUGUSTINE, FL 32086

New Principal Place of Business:

1301 PLANTATION ISLAND DRIVE
UNIT 401
ST. AUGUSTINE, FL 32080

Current Mailing Address:

120 HEALTH PARK BLVD.
SUITE 3
ST. AUGUSTINE, FL 32086

New Mailing Address:

1301 PLANTATION ISLAND DRIVE
UNIT 401
ST. AUGUSTINE, FL 32080

FEI Number: 13-4241972

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GASSMAN, ALAN S
1245 COURT STREET
SUITE 102
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DEPASQUALE, KALPANA S
Address: 120 HEALTH PARK BLVD.
City-St-Zip: ST. AUGUSTINE, FL 32086

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: DEPASQUALE, KALPANA S
Address: 1301 PLANTATION ISLAND DRIVE; UNIT 401
City-St-Zip: ST. AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: KALPANA S. DEPASQUALE

MGR

04/07/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date