

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008631

FILED
Mar 20, 2012
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

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

Current Mailing Address:

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

New Mailing Address:

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

FEI Number: 13-4241972

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEPASQUALE, MARCUS C MEMBER
2645 OAK GROVE AVENUE
ST. AUGUSTINE, FL 32092 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: DR
Name: DEPASQUALE, KALPANA S MGR
Address: 1301 PLANTATION ISLAND DRIVE S.; UNIT 401A
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: MR
Name: DEPASQUALE, MARCUS C MEMBER
Address: 1301 PLANTATION ISLAND DRIVE S.; UNIT 401A
City-St-Zip: ST. AUGUSTINE, FL 32080

I hereby 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 DEPASQUALE

MGR

03/20/2012

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