


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000018460</b> 1. Entity Name CAPE CORAL EAR, NOSE & THROAT CENTER, P.L.	
------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------

Principal Place of Business 625 DEL PRADO BLVD. CAPE CORAL, FL 33990	Mailing Address 625 DEL PRADO BLVD. CAPE CORAL, FL 33990
----------------------------------------------------------------------------	----------------------------------------------------------------



01162007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 58-2671868	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
-----------------------------------------------------------	------------------------------------------

6. Name and Address of Current Registered Agent  WINGERT, RICHARD H MD 625 DEL PRADO BLVD. CAPE CORAL, FL 33990
-----------------------------------------------------------------------------------------------------------------------------

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WINGERT, RICHARD H MD 625 DEL PRADO BLVD. CAPE CORAL, FL 33990
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U00000724726 05/02/07-80120-019 50.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
-----------------------------------------------------------------------------------------------

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 

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

4/18/07 239-574-4600  
Date Daytime Phone #