

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000018460

**FILED**  
**Jan 03, 2014**  
**Secretary of State**

**Entity Name:** CAPE CORAL EAR, NOSE & THROAT CENTER, P.L.

**Current Principal Place of Business:**

625 DEL PRADO BLVD. S  
UNIT # 3  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

**Current Mailing Address:**

625 DEL PRADO BLVD. S  
UNIT # 3  
CAPE CORAL, FL 33990

**New Mailing Address:**

**FEI Number:** 58-2671868

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WINGERT, RICHARD H MD  
625 DEL PRADO BLVD. S  
UNIT # 3  
CAPE CORAL, FL 33990 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: RICHARD H. WINGERT M.D

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGR  
Name: WINGERT, RICHARD H MD  
Address: 625 DEL PRADO BLVD. S  
City-St-Zip: CAPE CORAL, FL 33990

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: RICHARD H. WINGERT M.D

MGR

01/03/2014

Electronic Signature of Authorized Person

Date