

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000045558

FILED
Apr 29, 2005
Secretary of State

Entity Name: EAR, NOSE AND THROAT OF FLORIDA, LLC

Current Principal Place of Business:

612 OLEANDER WAY SOUTH
ST. PETERSBURG, FL 33707

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 47132
ST. PETERSBURG, FL 33743

New Mailing Address:

FEI Number: 90-0124462

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIMBER, SANDRA
612 OLEANDER WAY SOUTH
ST. PETERSBURG, FL 33707 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/MEMBERS:

Title: MGRM () Delete
Name: BOROTA, RAYMOND W
Address: 3 SOUTH PINE CIRCLE
City-St-Zip: BELLEAIR, FL 33756

Title: MGRM () Delete
Name: POLLEN, FREDERICK
Address: 2828 SO SEACREST BLVD., S 213
City-St-Zip: BOYNTON BEACH, FL 33435

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RAYMOND W BOROTA

MGRM

04/29/2005

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