


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90182 021 ****55.00

DOCUMENT # L03000049930	
1. Entity Name EAR, NOSE & THROAT HEALTH CENTER, LLC	

Principal Place of Business 2400 HARBOR BLVD, SUITE 14 PORT CHARLOTTE, FL 33952	Mailing Address 2400 HARBOR BLVD, SUITE 14 PORT CHARLOTTE, FL 33952
---	---

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



02282004 Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1037229	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent	
AMES, CPA, CFP, ANDREW T 128 WEST OAK STREET ARCADIA, FL 34266	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

<p>Filing Fee is \$50.00 Due by May 1, 2004</p>	<p>Make check payable to Florida Department of State</p>
---	--

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p>MGRM IDEWU, MD, OLAWALE 2400 HARBOR BLVD, SUITE 14 PORT CHARLOTTE, FL 33952</p> <p><input type="checkbox"/> Delete</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Delete</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Delete</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Delete</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Delete</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Delete</p>

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>

11. I hereby certify that the information supplied with this filing does not qualify 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 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: Olaf Olawale Idewu **03-12-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #