


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90363 018 \*\*\*\*50.00

<b>DOCUMENT # L03000049930</b>		
1. Entity Name <b>EAR, NOSE &amp; THROAT HEALTH CENTER, LLC</b>		
Principal Place of Business <b>2400 HARBOR BLVD, SUITE 14 PORT CHARLOTTE FL 33952</b>		Mailing Address <b>2400 HARBOR BLVD, SUITE 14 PORT CHARLOTTE FL 33952</b>



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E083 (10/06)

4. FEI Number <b>65-1037229</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>AMES, CPA, CFP, ANDREW T 128 WEST OAK STREET ARCADIA FL 34206</b>		7. Name and Address of New Registered Agent Name <b>Idewu, Olawale</b> Street Address (P.O. Box Number is Not Acceptable) <b>2400 Harbor Blvd.</b> Ste. 14 City <b>Port Charlotte</b> <b>FL</b> Zip Code <b>33952</b>	
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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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM IDEWU, MD, OLAWALE 2400 HARBOR BLVD, SUITE 14 PORT CHARLOTTE FL 33952</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*[Signature]*

04/27/07