

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000049930

FILED
Jul 07, 2009
Secretary of State

Entity Name: EAR, NOSE & THROAT HEALTH CENTER, LLC

Current Principal Place of Business:

2400 HARBOR BLVD, SUITE 14
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

103 W. MARION AVENUE
PUNTA GORDA, FL 33950

Current Mailing Address:

2400 HARBOR BLVD, SUITE 14
PORT CHARLOTTE, FL 33952

New Mailing Address:

103 W. MARION AVENUE
PUNTA GORDA, FL 33950

FEI Number: 65-1037229 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

IDEWU, OLAWALE
2400 HARBOR BLVD
SUITE 14
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

IDEWU, OLAWALE O M.D.
103 W. MARION AVENUE
PUNTA GORDA, FL 33950 US

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: OLAWALE O. IDEWU, M.D.

07/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: IDEWU, MD, OLAWALE
Address: 2400 HARBOR BLVD, SUITE 14
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: IDEWU, MD, OLAWALE O M.D.
Address: 103 W. MARION AVENUE
City-St-Zip: PUNTA GORDA, FL 33950

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: OLAWALE O. IDEWU

MD

07/07/2009

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