

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000049930

**FILED**  
**Jun 01, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

103 W. MARION AVENUE  
PUNTA GORDA, FL 33950

**New Principal Place of Business:**

**Current Mailing Address:**

103 W. MARION AVENUE  
PUNTA GORDA, FL 33950

**New Mailing Address:**

**FEI Number:** 65-1037229

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

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

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: IDEWU, MD, OLAWALE O M.D.  
Address: M  
City-St-Zip: PUNTA GORDA, FL 33950

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 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 IDEWU

MM

06/01/2011

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