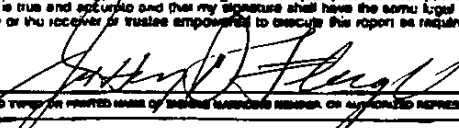


FILED
Mar 07, 2007 8:00 am
Secretary of State

01-26-2007 90080 049 ***150.00

**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L03000050873		
1. Entity Name J&S ENT, LLC		
Principal Place of Business 1400 SOUTH MAGNOLIA EXTENSION OCALA, FL 34471		Mailing Address 1400 SOUTH MAGNOLIA EXTENSION OCALA, FL 34471
DO NOT WRITE IN THIS SPACE		
4. FEI Number 20-0470355		
5. Certificate of Status Used ☐ \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent B&C CORPORATE SERVICES OF CENTRAL FL, INC 390 N ORANGE AVE, STE 1100 ORLANDO, FL 32801		
DO NOT WRITE IN THIS SPACE		
7. 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 date of registration. (NOTE: Registered Agent signature required when necessary)		
Filing Fee is \$50.00 Due by May 1, 2007		
8. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FLEIGEL, JEFFREY D 1400 SOUTH MAGNOLIA EXTENSION OCALA, FL 34471	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FLEIGEL, SUZANNE S 1400 SOUTH MAGNOLIA EXTENSION OCALA, FL 34471	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
9. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information included on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, and 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 TYPE OR PRINTED NAME OF MANAGING MEMBERS, OR AUTHORIZED REPRESENTATIVE		

J0001862

01162007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
 20-0470355

Applied For
 Not Applicable

5. Certificate of Status Used ☐ \$5.00 Additional Fee Required

DO NOT WRITE
 IN THIS SPACE

DO NOT WRITE
 IN THIS SPACE

JEFFREY DEE FLEIGEL, M.D., F.A.C.S., P.A.

ATTACHMENT

30001862
#L03000050873

1400 South Magnolia Extension
Ocala, Florida 34471



JEFFREY DEE FLEIGEL, M.D., F.A.C.S.
SUZANNE S. FLEIGEL, M.D.

(352) 732-8171

*Board Certified American Academy
of Otolaryngology
Head & Neck Surgery*

Ear, Nose and Throat

Hearing

Allergy of Sinus and Nose

Facial, Plastic & Cosmetic Reconstructive Surgery

March 6, 2007

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Please find enclosed check 15056 in the amount of \$100 and 2 completed Annual Reports: one for an LLC (L03000050873) and one for a For Profit Corporation (634058). In January two checks (#14958 in the amount of \$150 and #998 in the amount of \$50) were sent to your department. Both checks were incorreced designated for payment toward the filing fee for L03000050873 and were then designated in your office as \$150 for the LLC when the fee is only \$50 and \$50 toward the filing fee for the PA, which is \$150. If possible, please credit the LLC filing for \$100 and apply this to the PA filing and return the enclosed check voided. If not feasible, please apply the enclosed check. We apologize for any inconvenience.

Sincerely,

Jeffrey D. Fleigel
Jeffrey D. Fleigel

cc: PO Box 6478 LLC division