

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000049099

**FILED  
Apr 18, 2005  
Secretary of State**

**Entity Name:** HEARTLAND OTOLARYNGOLOGY, LLC

**Current Principal Place of Business:**

3200 PHYSICIANS WAY  
SEBRING, FL 33870 US

**New Principal Place of Business:**

**Current Mailing Address:**

3200 PHYSICIANS WAY  
SEBRING, FL 33870 US

**New Mailing Address:**

**FEI Number:** 20-1309361      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

RHOADES, CLIFFORD R ESQ.  
227 NORTH RIDGEWOOD DRIVE  
SEBRING, FL 33870 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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

**Title:** MGRM ( ) Delete  
**Name:** RUIZ, JOSE L M.D.  
**Address:** 3200 PHYSICIANS WAY  
**City-St-Zip:** SEBRING, FL 33870 FL

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOSE L. RUIZ, M.D.      MGRM      04/18/2005

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