

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000049099

**FILED**  
**Apr 16, 2007**  
**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:**

RHOADES, CLIFFORD R ESQ.  
2141 LAKEVIEW DRIVE  
SEBRING, FL 33870 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: CLIFFORD R RHOADES

04/16/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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 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: JOSE L RUIZ, M.D.

MGRM

04/16/2007

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