2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2005
Secretary of State

DOCUMENT# L04000069122

Entity Name: CAPITAL EAR NOSE THROAT & PLASTIC SURGERY, P.L.

Current Principal Place of Business:

ATTN: FIRAS A. HAMDAN, M.D.
1871 PROFESSIONAL PARK CIRCLE
TALLAHASSEE, FL 323084506

New Principal Place of Business:

Current Mailing Address:

ATTN: FIRAS A. HAMDAN, M.D.
1871 PROFESSIONAL PARK CIRCLE
TALLAHASSEE, FL 323084506

New Mailing Address:

FEI Number: 20-1650086 **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:

PIERCE, ROBERT A
227 SOUTH CALHOUN STREET
TALLAHASSEE, FL 323011805 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: MGR ( ) Delete
Name: HAMDAN, FIRAS A M.D.
Address: 1871 PROFESSIONAL PARK CIRCLE
City-St-Zip: TALLAHASSEE, FL 323084506

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: FIRAS A. HAMDAN, M.D. MGR 05/09/2005

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