



**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000069122</b>						
1. Entity Name CAPITAL EAR NOSE THROAT & PLASTIC SURGERY, P.L.						
Principal Place of Business ATTN: FIRAS A. HAMDAN, M.D. 1871 PROFESSIONAL PARK CIRCLE TALLAHASSEE, FL 32308-4506	Mailing Address ATTN: FIRAS A. HAMDAN, M.D. 1871 PROFESSIONAL PARK CIRCLE TALLAHASSEE, FL 32308-4506	  01122006 No Chg-LLC      CR2E083 (11/05) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 60%; padding: 2px;">4. FEI Number 20-1650086</td><td style="width: 40%; padding: 2px;">Applied For Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired    <input type="checkbox"/>    <b>\$5.00 Additional Fee Required</b></td></tr></table>	4. FEI Number 20-1650086	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
4. FEI Number 20-1650086	Applied For Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>						
<b>DO NOT WRITE IN THIS SPACE</b>						
6. Name and Address of Current Registered Agent  PIERCE, ROBERT A 227 SOUTH CALHOUN STREET TALLAHASSEE, FL 32301-1805						
<b>DO NOT WRITE IN THIS SPACE</b>						
8. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE</small>						
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>						
9. <b>MANAGING MEMBERS/MANAGERS</b>		  U000000551197 05/13/06-80087-024 50.00  <b>DO NOT WRITE IN THIS SPACE</b>				
TITLE	MGR					
NAME	HAMDAN, FIRAS A M.D.					
STREET ADDRESS	1871 PROFESSIONAL PARK CIRCLE					
CITY-ST-ZIP	TALLAHASSEE, FL 323084506					
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
11. 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 indicated on this report is true and accurate and that my 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.						
<b>SIGNATURE:</b> <u>Firas A. Hamdan, M.D.</u> 04/27/06 (850) 656-1234 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>  FIRAS A. HAMDAN, M.D.						