2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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FILED
Apr 17, 2006 8:00 am
Secretary of State
04-04-2006 90011 021 ****55.00

1st MOORE CR2E083 (10/05)

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1. Entity Name

FLORIDA GULF COAST EAR, NOSE AND THROAT LLC

Principal Place of Business	Mailing Address
11181 HEALTH PARK, SUITE 1165 NAPLES FL 34110	820 GROVESMERE LOOP OCOEE FL 34761

2. Principal Place of Business		3. Mailing Address	
		11181 Health Park Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Ste 1165	
City & State		City & State Naples FL	
Zip	Country	Zip 34110	Country Collier

4. FEI Number 20-2399514 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LAVALLETTE, FRAN
820 GROVESMERE LOOP
OCOEE FL 34761

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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 ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REIDY, PATRICK M MD 11181 HEALTH PARK STE 1165 NAPLES FL 34110	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HILL, SAMUEL L III MD 11181 HEALTH PARK STE 1165 NAPLES FL 34110	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: [signature] 4/14/06 239-514-2225 / 239-~~496-7943~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #