

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000010892

FILED
Apr 01, 2009
Secretary of State

Entity Name: FLORIDA GULF COAST EAR, NOSE AND THROAT LLC

Current Principal Place of Business:

11181 HEALTH PARK, SUITE 1165
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

11181 HEATH PRK BLVD
STE 1165
NAPLES, FL 34110

New Mailing Address:

11181 HEALTH PARK, SUITE 1165
NAPLES, FL 34110

FEI Number: 20-2399514

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AARON A. FARMER, P.L.
999 VANDERBILT BEACH ROAD
SUITE 606
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

AARON A. FARMER, P.L.
999 VANDERBILT BEACH ROAD
SUITE 606
NAPLES, FL 34108 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: AARON A. FARMER, MANAGING MEMBER

04/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: REIDY, PATRICK M MD
Address: 11181 HEALTH PARK STE 1165
City-St-Zip: NAPLES, FL 34110

Title: MGR () Delete
Name: HILL, SAMUEL L III MD
Address: 11181 HEALTH PARK STE 1165
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: PATRICK REIDY

MGR

04/01/2009

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