

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000021825

FILED
Feb 01, 2007
Secretary of State

Entity Name: PENSACOLA EAR, NOSE AND THROAT, P.L.

Current Principal Place of Business:

1717 NORTH E ST., SUITE 239
PENSACOLA, FL 32501 US

New Principal Place of Business:

1717 NORTH E ST
SUITE 239
PENSACOLA, FL 32501 US

Current Mailing Address:

1717 NORTH E ST., SUITE 239
PENSACOLA, FL 32501 US

New Mailing Address:

1717 NORTH E ST
SUITE 239
PENSACOLA, FL 32501 US

FEI Number: 20-4407518

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BEGGS & LANE, RLLP
501 COMMENDENCIA STREET
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

LURTON, JACK W JR
1717 NORTH E STREET
SUITE 239
PENSACOLA, FL 32501 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: JACK W LURTON JR MD

02/01/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LURTON, JACK W JR.
Address: 1717 NORTH E ST., SUITE 239
City-St-Zip: PENSACOLA, FL 32501 US

Title: MGRM () Delete
Name: BOTTS, KEVIN
Address: 1717 NORTH E ST., SUITE 239
City-St-Zip: PENSACOLA, FL 32501 US

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 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: JACK W LURTON JR MD

MGRM

02/01/2007

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