

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000119906

**FILED**  
**Mar 21, 2009**  
**Secretary of State**

**Entity Name:** NORTH FLORIDA EAR, NOSE AND THROAT, PLLC

**Current Principal Place of Business:**

2035 PROFESSIONAL CENTER DRIVE, STE A  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

**Current Mailing Address:**

2035 PROFESSIONAL CENTER DRIVE, STE A  
ORANGE PARK, FL 32073

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RUGGIERO, J. DAVID M.D.  
2035 PROFESSIONAL CENTER DRIVE, STE A  
ORANGE PARK, FL 32073 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/MANAGERS:**

Title: PRES ( ) Delete  
Name: RUGGIERO, JOSEPH D MD  
Address: 2035 PROFESSIONAL CENTER DRIVE SUITE A  
City-St-Zip: ORANGE PARK, FL 32073 US

**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 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: J. DAVID RUGGIERO MD

PRES

03/21/2009

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