

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000125676

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** ENT & FACIAL PLASTIC SURGERY SPECIALISTS, P.L.

**Current Principal Place of Business:**

2311 CYPRESS COVE  
SUITE 101  
WESLEY CHAPEL, FL 33544

**New Principal Place of Business:**

**Current Mailing Address:**

2311 CYPRESS COVE  
SUITE 101  
WESLEY CHAPEL, FL 33544

**New Mailing Address:**

27406 CASHFORD CIRCLE  
WESLEY CHAPEL, FL 33544

**FEI Number:** 51-0660981

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCOTCH, BRETT M DR.  
2311 CYPRESS COVE  
SUITE 101  
WESLEY CHAPEL, FL 33544 US

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

SCOTCH, BRETT M DR.  
27406 CASHFORD CIRCLE  
WESLEY CHAPEL, FL 33544 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: BRETT SCOTCH

04/24/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BRETT M. SCOTCH, D.O., P.A.  
Address: 27406 CASHFORD CIRCLE  
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: MGRM  
Name: PAUL DIPASQUALE, D.O., P.A.  
Address: 2311 CYPRESS COVE, SUITE 101  
City-St-Zip: WESLEY CHAPEL, FL 33544

I hereby 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: BRETT SCOTCH

MGRM

04/24/2012

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