2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2009
Secretary of State

DOCUMENT# L08000019257

Entity Name: PALM BEACH ENT TINNITUS CARE CENTER, LLC

Current Principal Place of Business:

1515 N. FLAGLER DRIVE, STE 600
ATTN JOHN MURRAY
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

1515 N. FLAGLER DRIVE, STE 600
ATTN JOHN MURRAY
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 26-2106320 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION COMPANY OF MIAMI
525 OKEECHOBEE BLVD., STE. 1100
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

CORPORATION COMPANY OF MIAMI
525 OKEECHOBEE BLVD., STE. 1100 (JAF)
WEST PALM BEACH, FL 33401 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: 02/06/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MURRAY, JOHN M.D.
Address: 1515 N. FLAGLER DRIVE, STE 600
City-St-Zip: WEST PALM BEACH, FL 33401

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: JAMES A. FARRELL, AUTHORIZED AGENT MGR 02/06/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date