

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000019257

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

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

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: JOHN MURRAY

MGR

04/29/2011

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