

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000019257

FILED  
Jan 06, 2012  
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:**

1515 N. FLAGLER DRIVE  
#600  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

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

**New Mailing Address:**

1515 N. FLAGLER DRIVE  
#600  
WEST PALM BEACH, FL 33401

FEI Number: 26-2106320

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**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:**

MURRAY, JOHN T  
1515 N FLAGLER DR  
#600  
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: JOHN T. MURRAY, MD

01/06/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MURRAY, JOHN T 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 T. MURRAY, MD

MGR

01/06/2012

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