

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000071359

**FILED**  
**Apr 25, 2009**  
**Secretary of State**

**Entity Name:** EAR, NOSE & THROAT SPECIALISTS OF ST. CLOUD, LLC

**Current Principal Place of Business:**

4691 OLD CANOE CREEK  
ST. CLOUD, FL 34769 US

**New Principal Place of Business:**

**Current Mailing Address:**

2764 MUSCATELLO STREET  
ORLANDO, FL 32837 US

**New Mailing Address:**

4691 OLD CANOE CREEK  
ST. CLOUD, FL 34769 US

FEI Number: 26-3041997

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DUQUE, CINDY ESQ.  
13574 VILLAGE PARK DRIVE  
SUITE 200  
ORLANDO, FL 32837 US

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

TRINH, THUONG D.O.  
4691 OLD CANOE CREEK  
ST. CLOUD, FL 34769 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: THUONG TRINH

04/25/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: TRINH, THUONG  
Address: 2764 MUSCATELLO STREET  
City-St-Zip: ORLANDO, FL 32837 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: TRINH, THUONG  
Address: 10107 WITTENBERG WAY  
City-St-Zip: ORLANDO, FL 32832 US

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: THUONG TRINH

DR.

04/25/2009

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