

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000071359

**FILED  
Jan 17, 2011  
Secretary of State**

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

**Current Principal Place of Business:**

7575 DR. PHILLIPS BLVD SUITE 10  
ORLANDO, FL 32819 US

**New Principal Place of Business:**

**Current Mailing Address:**

7575 DR. PHILLIPS BLVD SUITE 10  
ORLANDO, FL 32819 US

**New Mailing Address:**

**FEI Number:** 26-3041997      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

TRINH, THUONG D.O.  
7575 DR. PHILLIPS BLVD SUITE 10  
ORLANDO, FL 32819 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:** MGRM  
**Name:** TRINH, THUONG  
**Address:** 10107 WITTENBERG WAY  
**City-St-Zip:** ORLANDO, FL 32832 US

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: THUONG TRINH      DR      01/17/2011

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