

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000093608

FILED  
Feb 24, 2009  
Secretary of State

**Entity Name:** THE EAR, NOSE, THROAT & PLASTIC SURGERY ASSOCIATES SURGICAL INVESTMENT GROUP, LLC

**Current Principal Place of Business:**

201 N. LAKEMONT AVENUE, STE. 100  
WINTER PARK, FL 32792

**New Principal Place of Business:**

**Current Mailing Address:**

201 N. LAKEMONT AVENUE, STE. 100  
WINTER PARK, FL 32792

**New Mailing Address:**

**FEI Number:** 26-3475298      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

BYRON, DEBORAH A  
201 N. LAKEMONT AVENUE, STE. 100  
WINTER PARK, FL 32792 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: P ( ) Change (X) Addition  
Name: HO, HENRY N MD  
Address: 201 N LAKEMONT AVE STE 100  
City-St-Zip: WINTER PARK, FL 32792 US

Title: T ( ) Change (X) Addition  
Name: LEHMAN, JEFFREY J MD  
Address: 201 N LAKEMONT AVE STE 100  
City-St-Zip: WINTER PARK, FL 32792 US

Title: S ( ) Change (X) Addition  
Name: KIELMOVITCH, IZAK H MD  
Address: 201 N LAKEMONT AVE STE 100  
City-St-Zip: WINTER PARK, FL 32792 US

Title: V ( ) Change (X) Addition  
Name: BAYLOR, JEFFREY E MD  
Address: 201 N LAKEMONTE AVE STE 100  
City-St-Zip: WINTER PARK, FL 32792 US

Title: V ( ) Change (X) Addition  
Name: TIPIRNENI, KIRAN MD  
Address: 201 N LAKEMONTE AVE STE 100  
City-St-Zip: WINTER PARK, FL 32792 US

Title: V ( ) Change (X) Addition  
Name: SPECTOR, BRIAN C MD  
Address: 201 N LAKEMONTE AVE STE100  
City-St-Zip: WINTER PARK, FL 32792 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: HENRY N HO, MD

P

02/24/2009

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