

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000093608

FILED
Feb 15, 2010
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:

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

Current Mailing Address:

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

New Mailing Address:

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

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:

BYRON, DEBORAH A
201 N. LAKEMONT AVENUE
STE 100
WINTER PARK, FL 32792 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:

02/15/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

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

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

Title: V
Name: TIPIRNI, KIRAN MD
Address: 201 N LAKEMONTE AVE STE 100
City-St-Zip: WINTER PARK, FL 32792 US

Title: V
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 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

P

02/15/2010

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