

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000093608

FILED  
Feb 22, 2011  
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:** 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

02/22/2011

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