

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000026459

**FILED**  
**Apr 06, 2010**  
**Secretary of State**

**Entity Name:** TAMPA BAY SPEECH AND SWALLOWING CENTER, LLC

**Current Principal Place of Business:**

5105 N. ARMENIA AVE.  
TAMPA, FL 33603

**New Principal Place of Business:**

**Current Mailing Address:**

201 N. FRANKLIN ST.  
SUITE 2000  
TAMPA, FL 33602

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

WILLIAMS, JOHN A  
201 N. FRANKLIN STREET  
SUITE 2000  
TAMPA, FL 33602 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: MGR  
Name: TAMPA BAY ENT & COSMETIC SURGERY, PA  
Address: 5105 NORHT ARMENIA AVENUE  
City-St-Zip: TAMPA, FL 33603

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: DENNIS S. AGLIANO

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04/06/2010

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