

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000102251

**FILED**  
**Jan 30, 2011**  
**Secretary of State**

**Entity Name:** SOUTH COAST EAR, NOSE & THROAT, LLC

**Current Principal Place of Business:**

1801 SE HILLMOOR DRIVE  
SUITE B-105  
PORT ST. LUCIE, FL 34952 US

**New Principal Place of Business:**

**Current Mailing Address:**

1801 SE HILLMOOR DRIVE  
SUITE B-105  
PORT ST. LUCIE, FL 34952 US

**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:**

SINGER, MICHAEL S ESQ  
3801 PGA BOULEVARD  
SUITE 604  
PALM BEACH GARDENS, FL 33410 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:** BERGHASH, LESLIE R  
**Address:** 1801 SE HILLMOOR DRIVE, #B-105  
**City-St-Zip:** PORT ST. LUCIE, FL 34952 US

**Title:** PART  
**Name:** LANZA, JOHN T  
**Address:** 2104 SE ST LUCIE BOULEVARD  
**City-St-Zip:** STUART, FL 34996

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: BETH HARRIS

ADMI

01/30/2011

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