

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000049099

Entity Name: HEARTLAND OTOLARYNGOLOGY, LLC

Current Principal Place of Business:

1172 CYPRESS GLEN CIRCLE
KISSIMMEE, FL 34741

Current Mailing Address:

1172 CYPRESS GLEN CIRCLE
KISSIMMEE, FL 34741 US

FEI Number: 20-1309361

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RHOADES, CLIFFORD RESQ.
2141 LAKEVIEW DRIVE
SEBRING, FL 33870 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGRM
Name RUIZ, JOSE LM.D.
Address 1172 CYPRESS GLEN CIRCLE
City-State-Zip: KISSIMMEE FL 34741

Title MEMBER
Name RUIZ, RENEE L
Address 1172 CYPRESS GLEN CIRCLE
City-State-Zip: KISSIMMEE FL 34741

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSE L RUIZ

MANAGING MEMBER

04/21/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date