

**2018 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	Title	MEMBER
Name	RUIZ, JOSE LM.D.	Name	RUIZ, RENEE L
Address	1172 CYPRESS GLEN CIRCLE	Address	1172 CYPRESS GLEN CIRCLE
City-State-Zip:	KISSIMMEE FL 34741	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, M.D.

**MANAGING MEMBER**

**02/28/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date