


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2006 8:00 am
Secretary of State

03-02-2006 90135 012 ***150.00

DOCUMENT # L04000020853 1. Entity Name BEATRICE HECKER MD, LLC	
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Principal Place of Business 8955 SW 87TH COURT SUITE 115 MIAMI, FL 33176-4741	Mailing Address 3225 AVIATION AVE SUITE 500 MIAMI, FL 33133-4741
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DO NOT WRITE IN THIS SPACE

02112006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 54-2129332	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

YELEN, MITCHELL A
3225 AVIATION AVE., SUITE 500
MIAMI, FL 33133-4741

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

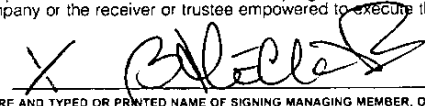
Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOYETT, ROBERT MD 8955 SW 87 COURT #214 MIAMI, FL
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: X  X Date: 2/20/06 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE