


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2007 08:00 AM
Secretary of State

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



02012007 No Chg-LLC CR2E083 (11/05)

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

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

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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, 2007**

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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 02/15/07-80086-022 50.00

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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: *[Signature]* M.D. Date: 2/15/2007 Daytime Phone #: 305 274 3211

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