

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L04Q00020853  
 1. Entity Name  
 BEATRICE HECKER MD, LLC



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



04232008 No Chg-LLC CR2E063 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 54-2129332

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$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

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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 \_\_\_\_\_  
Signature: Name or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

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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U00000830934  
 05/21/08-80127-019 138.75

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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]* Date: *4/24/08*

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