

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000010877

Entity Name: JEFFREY C. HAMM, M.D., LLC

FILED  
Feb 08, 2009  
Secretary of State

**Current Principal Place of Business:**

4300 NORTH UNIVERSITY DRIVE  
SUITE A-202  
LAUDERHILL, FL 33351 US

**New Principal Place of Business:**

**Current Mailing Address:**

4340 CASPER COURT  
HOLLYWOOD, FL 33021

**New Mailing Address:**

FEI Number: 65-1130851

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BENNETT, KEITH CPA  
8181 W. BROWARD BLVD. STE. 255  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

DRUJAK, ARTHUR CPA  
4300 NORTH UNIVERSITY DRIVE  
SUITE D-202  
LAUDERHILL, FL 33351 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: ARTHUR DRUJAK

02/08/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HAMM, JEFFREY C M.D.  
Address: 4340 CASPER CT  
City-St-Zip: HOLLYWOOD, FL 33021

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JEFFREY C HAMM, M.D.

M.D.

02/08/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date