

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90284 028 \*\*\*\*50.00

<b>DOCUMENT # L01000013355</b> 1. Entity Name <b>YOUR HOUSE DOCTORS, LLC</b>			
Principal Place of Business <b>6650 LA PINA COURT BOCA RATON FL 33433</b>		Mailing Address <b>6650 LA PINA COURT BOCA RATON FL 33433</b>	
2. Principal Place of Business <b>c/o BAKER APT 1001</b> Suite, Apt. #, etc. <b>5519 N. MILITARY TRAIL</b> City & State <b>BOCA RATON, FLORIDA</b> Zip <b>33496</b> Country <b>USA</b>		3. Mailing Address <b>c/o BAKER APT 1001</b> Suite, Apt. #, etc. <b>5519 N. MILITARY TRAIL</b> City & State <b>BOCA RATON, FLORIDA</b> Zip <b>33496</b> Country <b>USA</b>	
4. FEI Number <b>65-1130225</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SPIEGEL &amp; UTRERA, P.A. 1840 SOUTHWEST 22 STREET, 4TH FLOOR MIAMI FL 33145</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2004</b>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>MGR SAUER, ANDREW H 6650 LA PINA COURT BOCA RATON FL 33433</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>5519 N. MILITARY TRAIL APT 1001 BOCA RATON, FLORIDA 33496</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>MGR BAKER, RICHARD 5255 VENTURA DRIVE DELRAY BEACH FL 33484</b>	<input type="checkbox"/> Delete New Address →	TITLE NAME STREET ADDRESS CITY - ST - ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Richard Baker</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		(RICHARD BAKER) 2/1/04 <small>Date</small>	561-988-8087 <small>Daytime Phone #</small>

**24014373**



MOORE CR2E083 (11/03)