

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000027092**

**1. Entity Name**  
**BIDON MEDICAL PARTNERS, LLC**



**Principal Place of Business**  
**105 SOUTH NARCISSUS AVENUE STE. 408**  
**WEST PALM BEACH, FL 33401**

**Mailing Address**  
**105 SOUTH NARCISSUS AVENUE STE. 408**  
**WEST PALM BEACH, FL 33401**



01062006No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**54-2080127**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired**



**\$5.00 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**HARVEY, DON S**  
**105 SOUTH NARCISSUS AVENUE STE. 408**  
**WEST PALM BEACH, FL 33401**

**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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**DATE**

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

000000404167  
02/06/06-80036-006 50.00

**9. MANAGING MEMBERS/MANAGERS**

**TITLE** MGR  
**NAME** SANGER, WILLIAM A  
**STREET ADDRESS** 105 SOUTH NARCISSUS AVENUE STE. 408  
**CITY-ST-ZIP** WEST PALM BEACH, FL 33401

**TITLE** MGR  
**NAME** HARVEY, DON S  
**STREET ADDRESS** 105 SOUTH NARCISSUS AVENUE STE. 408  
**CITY-ST-ZIP** WEST PALM BEACH, FL 33401

**TITLE** MGR  
**NAME** HECKENDORN, PHILIP B  
**STREET ADDRESS** 105 SOUTH NARCISSUS AVENUE STE. 408  
**CITY-ST-ZIP** WEST PALM BEACH, FL 33401

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**CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

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

1/10/06

Date

(561) 655-8801

Daytime Phone #