2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

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Entity Name: BIDON MEDICAL PARTNERS, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

105 SOUTH NARCISSUS AVENUE
SUITE 612
WEST PALM BEACH, FL 33401

Current Mailing Address:

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

New Mailing Address:

105 SOUTH NARCISSUS AVENUE
SUITE 612
WEST PALM BEACH, FL 33401

FEI Number: 54-2080127 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

HARVEY, DON S
105 SOUTH NARCISSUS AVENUE
SUITE 612
WEST PALM BEACH, FL 33401 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: 01/09/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SANGER, WILLIAM A
Address: 105 SOUTH NARCISSUS AVENUE STE. 408
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR ( ) Delete
Name: HARVEY, DON S
Address: 105 SOUTH NARCISSUS AVENUE STE. 408
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR ( ) Delete
Name: HECKENDORN, PHILIP B
Address: 105 SOUTH NARCISSUS AVENUE STE. 408
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SANGER, WILLIAM A
Address: 105 SOUTH NARCISSUS AVENUE STE. 612
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR (X) Change ( ) Addition
Name: HARVEY, DON S
Address: 105 SOUTH NARCISSUS AVENUE STE. 612
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR (X) Change ( ) Addition
Name: HECKENDORN, PHILIP B
Address: 105 SOUTH NARCISSUS AVENUE STE. 612
City-St-Zip: WEST PALM BEACH, FL 33401

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: PHILIP B. HECKENDORN MGR 01/09/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date