2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2011
Secretary of State

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Entity Name: BIDON MEDICAL PARTNERS, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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
SUITE 612
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

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

Title: MGR
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 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 Statues.

SIGNATURE: PHILIP B. HECKENDORN MGR 01/04/2011

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