
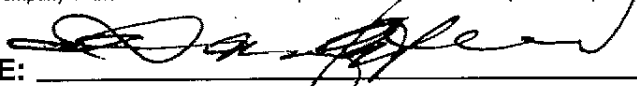


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 01, 2007 08:00 AM
Secretary of State

| | | |
|--|--|---|
| DOCUMENT # L03000000726 | |  |
| 1. Entity Name GARY HELLER, D.O., LLC | | |
| Principal Place of Business 7641 66TH STREET PINELLAS PARK, FL 33781 | | Mailing Address 7641 66TH STREET PINELLAS PARK, FL 33781 |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent HELLER, GARY D.O. 7641 66TH STREET PINELLAS PARK, FL 33781 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | |
| 9. MANAGING MEMBERS/MANAGERS | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGR HELLER, GARY L 7641-66 STREET NORTH PINELLAS PARK, FL 33781 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| 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:  1/26/07 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # | | |



01092007No Chg-LLC

CR2E083 (11/05)

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| 4. FEI Number 02-0657734 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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|---|-----------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
|---|-----------------------------------|

U00000615884
02/07/07-80006-010 50.00

**DO NOT WRITE
IN THIS SPACE**