

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000001833

FILED
Apr 30, 2004
Secretary of State

Entity Name: BH MEDICAL MANAGEMENT, LLC

Current Principal Place of Business:

1503 GOVERNMENT ROAD
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

1503 GOVERNMENT ROAD
KEY WEST, FL 33040

New Mailing Address:

FEI Number: 13-4232620

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VOCAN, DIANE TOLBERT
600 WHITEHEAD STREET
SUITE 205
KEY WEST, FL 33040

Name and Address of New Registered Agent:

HIRSHMAN, BONNIE
600 WHITEHEAD STREET
SUITE 205
KEY WEST, FL 33040

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: BONNIE HIRSHMAN

04/30/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: HOLLAND-HIRSHMAN, BONITA
Address: 1503 GOVERNMENT ROAD
City-St-Zip: KEY WEST, FL 33040

Title: MGRM () Delete
Name: HIRSHMAN, BRUCE
Address: 1503 GOVERNMENT ROAD
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BONNIE HIRSHMAN

MNGR

04/30/2004

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