

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000001833

Entity Name: BH MEDICAL MANAGEMENT, LLC

FILED
Mar 10, 2006
Secretary of State

Current Principal Place of Business:

1503 GOVERNMENT ROAD
KEY WEST, FL 33040

New Principal Place of Business:

1530 GEORGE ST.
KEY WEST, FL 33040

Current Mailing Address:

1503 GOVERNMENT ROAD
KEY WEST, FL 33040

New Mailing Address:

1530 GEORGE ST.
KEY WEST, FL 33040

FEI Number: 13-4232620

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

HIRSHMAN, BONNIE
1530 GEORGE ST
KEY WEST, FL 33040 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:

03/10/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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: MGRM (X) Change () Addition
Name: HOLLAND-HIRSHMAN, BONITA
Address: 1530 GEORGE ST.
City-St-Zip: KEY WEST, FL 33040

Title: MGRM (X) Change () Addition
Name: HIRSHMAN, BRUCE
Address: 1530 GEORGE ST.
City-St-Zip: KEY WEST, FL 33040

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

MGRM

03/10/2006

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