

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**

**Feb 05, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000001191**

1. Entity Name

THE HOUSE DOCTOR, LLC



Principal Place of Business

2670 TROPICAIRES BLVD  
NORTH PORT FL 34286

Mailing Address

2670 TROPICAIRES BLVD  
NORTH PORT FL 34286



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

90-0235625

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

LAPERRIERE, JOSEPH A IV  
2670 TROPICAIRES BLVD.  
NORTH PORT FL 34286

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR ☐ Delete  
NAME: LAPERRIERE, JOSEPH A IV  
STREET ADDRESS: 2670 TROPICAIRES BLVD.  
CITY-STATE-ZIP: NORTH PORT FL 34286

TITLE: ☐ Delete  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

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NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

10. ADDITIONS/CHANGES

☐ Change ☐ Addition  
U000000623888  
02/14/07-80008-007 50.00

☐ Change ☐ Addition

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1-27-07 (741) 809-5106