

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000014189

**FILED**  
**Feb 17, 2005**  
**Secretary of State**

**Entity Name:** BEACON HEALTHCARE PROFESSIONALS, LLC

**Current Principal Place of Business:**

777 S FEDERAL HWY SUITE G318  
POMPANO BEACH, FL 33062

**New Principal Place of Business:**

**Current Mailing Address:**

777 S FEDERAL HWY SUITE G318  
POMPANO BEACH, FL 33062

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAMNER, KENNETH J  
809 IRMA AVENUE  
SUITE 1  
ORLANDO, FL 32803 US

**Name and Address of New Registered Agent:**

PIETRO, THERESA  
777 S FEDERAL HWY SUITE  
G318  
POMPANO BEACH, FL 33062 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: THERESA PIETRO

02/17/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: PIETRO, THERESA  
Address: 6682 TIME SQUARE AVENUE SUITE 102  
City-St-Zip: ORLANDO, FL 32835

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: PIETRO, THERESA  
Address: 777 S FEDERAL HWY SUITE  
City-St-Zip: POMPANO BEACH, FL 33062

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: THERESA PIETRO

MGR

02/17/2005

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