# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L04000020853**

1. Entity Name
BEATRICE HECKER MD, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 8955 SW 87TH COURT SUITE 115 MIAMI, FL 33176-4741 | 3225 AVIATION AVE SUITE 500 MIAMI, FL 33133-4741 |

## DO NOT WRITE IN THIS SPACE

02112006 No Chg-LLC          CR2E083 (11/05)

| 4. FEI Number | | Applied For |
|---|---|---|
| 54-2129332 | | Not Applicable |

5. Certificate of Status Desired ☐     **$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

YELEN, MITCHELL A
3225 AVIATION AVE., SUITE 500
MIAMI, FL 33133-4741

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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

**Filing Fee is $50.00**
**Due by May 1, 2006**

### 9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | P |
| NAME | BOYETT, ROBERT MD |
| STREET ADDRESS | 8955 SW 87 COURT #214 |
| CITY-ST-ZIP | MIAMI, FL |
| TITLE | |
| NAME | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |

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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: X _____     X     2/20/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE     Date     Daytime Phone #