

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000072557

FILED  
Jul 06, 2006  
Secretary of State

Entity Name: HEATHER E. HOUCK, M.D., LLC

## Current Principal Place of Business:

14410 EQUESTRIAN WAY  
ATTN: HEATHER E. HOUCK, M.D.  
WELLINGTON, FL 33414

## New Principal Place of Business:

1000 N. OLIVE AVENUE  
ATTN: HEATHER E. HOUCK, M.D.  
WEST PALM BEACH, FL 33401

## Current Mailing Address:

14410 EQUESTRIAN WAY  
ATTN: HEATHER E. HOUCK, M.D.  
WELLINGTON, FL 33414

## New Mailing Address:

1000 N. OLIVE AVENUE  
ATTN: HEATHER E. HOUCK, M.D.  
WEST PALM BEACH, FL 33401

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

CORPORATION COMPANY OF MIAMI  
250 AUSTRALIAN AVE. SUITE 500 - JAF  
W. PALM BEACH, FL 33401 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: PRES ( ) Change (X) Addition  
Name: HOUCK, HEATHER E MD  
Address: 14410 EQUESTRIAN WAY  
City-St-Zip: WELLINGTON, FL 33414

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: HEATHER E HOUCK

PRES

07/06/2006

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