

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000072557

FILED
Apr 28, 2009
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

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:

HEATHER E. HOUCK
1000 NORTH OLIVE AVENUE
W. PALM BEACH, FL 33401 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: HEATHER E. HOUCK

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: HOUCK, HEATHER E
Address: 1000 NORTH OLIVE AVENUE
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby certify that the information supplied with this filing does not qualify 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

04/28/2009

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