2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007
Secretary of State

DOCUMENT# L06000057114

Entity Name: D & H MEDICAL CONCEPTS, LLC

Current Principal Place of Business:

7000 W. 12 AVENUE, SUITE 1
HIALEAH, FL 33014

New Principal Place of Business:

751 LEIGH PALM AVE
PLANTATION, FL 33324

Current Mailing Address:

7000 W. 12 AVENUE, SUITE 1
HIALEAH, FL 33014

New Mailing Address:

751 LEIGH PALM AVE
PLANTATION, FL 33324

FEI Number: 20-5051402 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HURWIT, HANDRE
751 LEIGH PALM AVENUE
PLANTATION, FL 33324 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: MGRM ( ) Delete
Name: HURWIT, HANDRE
Address: 751 LEIGH PALM AVENUE
City-St-Zip: PLANTATION, FL 33324

Title: MGRM ( ) Delete
Name: HURWIT, DONNA
Address: 751 LEIGH PALM AVENUE
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: HANDRE HURWIT MGRM 04/09/2007

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