



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

03-10-2008 90338 033 ***138.75

DOCUMENT # L07000069211					
1. Entity Name DOCTORS HEARING CLINIC, LLC					
Principal Place of Business 500 NO. HIATUS ROAD SUITE 101 PEMBROKE PINES, FL 33026			Mailing Address 500 NO. HIATUS ROAD SUITE 101 PEMBROKE PINES, FL 33026		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 68-0653300	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SHAPIRO, CRAIG DR. 500 NO. HIATUS ROAD SUITE 101 PEMBROKE PINES, FL 33026			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when re-appointing) DATE _____					
FILE NOW!!! FEE IS \$138.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EAR, NOSE, THROAT & FACIAL PLASTICS OF SOU		NAME		
STREET ADDRESS	4273 CASPER COURT		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33021		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LIEBESKIND, PAULA		NAME		
STREET ADDRESS	11275 ROUNDELAY ROAD		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33026		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			Date: 4/8/08 954 438 7171		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

30003426

