

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000110402

Entity Name: B. HAICKEN, M.D., L.L.C.

FILED  
Jan 16, 2008  
Secretary of State

**Current Principal Place of Business:**

1245 COURT STREET  
SUITE 102  
CLEARWATER, FL 33756

**New Principal Place of Business:**

584 BLUFFVIEW DRIVE  
LARGO, FL 33770

**Current Mailing Address:**

1245 COURT STREET  
SUITE 102  
CLEARWATER, FL 33756

**New Mailing Address:**

584 BLUFFVIEW DRIVE  
LARGO, FL 33756

FEI Number: 11-3826706

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GASSMAN, ALAN S  
1245 COURT STREET  
SUITE 102  
CLEARWATER, FL 33756 US

**Name and Address of New Registered Agent:**

HAICKEN, BARRY N  
584 BLUFFVIEW DRIVE  
LARGO, FL 33770 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: BARRY N HAICKEN, M.D.

01/16/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR (X) Delete  
Name: HAICKEN, BARRY N  
Address: 1245 COURT STREET  
City-St-Zip: CLEARWATER, FL 33756

**ADDITIONS/CHANGES:**

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

Title: PRES ( ) Change (X) Addition  
Name: HAICKEN, BARRY N M.D.  
Address: 584 BLUFFVIEW DRIVE  
City-St-Zip: BELLEAIR BLUFFS, FL 33770

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: BARRY HAICKEN M.D.

PRES

01/16/2008

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