

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000128271

FILED  
Jan 23, 2009  
Secretary of State

**Entity Name:** PROFESSIONAL HEALTHCARE GROUP, LLC

**Current Principal Place of Business:**

150 SW 12TH AVE.  
440  
POMPANO BEACH, FL 33069

**Current Mailing Address:**

150 SW 12TH AVE.  
440  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

150 SW 12TH AVE.  
480  
POMPANO BEACH, FL 33069

**New Mailing Address:**

150 SW 12TH AVE.  
480  
POMPANO BEACH, FL 33069

**FEI Number:** 26-1663031

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DBEK MANAGEMENT , LLC  
150 SW 12TH AVE  
440  
POMPANO BEACH, FL 33069 US

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

BALLINGER, STEVEN R ESQ  
1792 BELL TOWER LANE  
WESTON, FL 33326 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: STEVEN BALLINGER

01/23/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DBEK MANAGEMENT, LLC,  
Address: 150 SW 12TH AVE SUITE #440  
City-St-Zip: POMPANO BEACH, FL 33069

Title: MGRM (X) Delete  
Name: KOPP, STEWART E  
Address: 7927 MERANO REEF LN  
City-St-Zip: LAKE WORTH, FL 33467

**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 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: ANDREW BYERS

MGR

01/23/2009

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