# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jun 18, 2010**
**Secretary of State**

DOCUMENT# L08000118035

**Entity Name:** HEYSEK PROSTATE INSTITUTE, LLC

**Current Principal Place of Business:**

2243 NORTH BLVD. WEST
DAVENPORT, FL 33837

**New Principal Place of Business:**

**Current Mailing Address:**

2243 NORTH BLVD. WEST
DAVENPORT, FL 33837

**New Mailing Address:**

**FEI Number: 26-3955119** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

HEYSEK, RANDY M.D.
2243 NORTH BLVD. WEST
DAVENPORT, FL 33837 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: DR
Name: RANDY, HEYSEK
Address: 2243 NORTH BOULEVARD WEST
City-St-Zip: DAVENPORT, FL 33837

I hereby 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 Statues.

SIGNATURE: RANDY HEYSEK DR 06/18/2010

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