

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000115361

Entity Name: DH MEDICAL, LLC

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

226 NORTH NOVA ROAD  
SUITE 184  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

226 NORTH NOVA ROAD  
SUITE 184  
ORMOND BEACH, FL 32174

**New Mailing Address:**

FEI Number: 27-3907667

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

HEISE, DAVID A MD  
2702 JOHN ANDERSON DRIVE  
ORMOND BEACH, FL 32176 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: MGR  
Name: HEISE, DAVID A MD  
Address: 2702 JOHN ANDERSON DRIVE  
City-St-Zip: ORMOND BEACH, FL 32176 US

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 Statutes.

SIGNATURE: DAVID HEISE

MGR

04/28/2011

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