

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 31, 2007 08:00 AM
Secretary of State

DOCUMENT # L99000004612

1. Entity Name
BEVERLY A. HEINKING, D.O., P.L.C.



Principal Place of Business
300 PINWOOD DR SW
LIVE OAK, FL 32064

Mailing Address
300 PINWOOD DR SW
LIVE OAK, FL 32064



01122007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3565130

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HEINKING, BEVERLY A
300 PINWOOD DR SW
LIVE OAK, FL 32064

**DO NOT WRITE
IN THIS SPACE**

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 BEVERLY HEINKING, D.O.
Signature, typed or printed name of registered agent and title if applicable

B. Heinking P.C.
(NOTE: Registered Agent signature required when reinstating)

1-1507
DATE

Filing Fee is \$50.00
Due by May 1, 2007

000000614292
02/06/07-80020-010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
HEINKING, BEVERLY A
339 NW SCARBOROUGH LANE
LAKE CITY, FL 32055

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
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STREET ADDRESS
CITY- ST- ZIP

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IN THIS SPACE**

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: Beverly A. Heinking BEVERLY HEINKING, D.O. 1-1507 386-362-1014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #