

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002525

FILED  
Feb 05, 2004  
Secretary of State

**Entity Name:** DOCTORS HEARING CENTER, L.L.C. LXII

**Current Principal Place of Business:**

2227 WEST MAIN STREET, SUITE 4  
JACKSONVILLE, AR 72076

**New Principal Place of Business:**

6545 RIDGE ROAD  
PORT RICHEY, FL 34668

**Current Mailing Address:**

2227 WEST MAIN STREET, SUITE 4  
JACKSONVILLE, AR 72076

**New Mailing Address:**

**FEI Number:** 55-0822877      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

WATTS, RENITA  
4650 ST JAMES AVENUE  
TITUSVILLE, FL 32780 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: HAYES, RICHARD L M.D.  
Address: 2227 W. MAIN ST., STE 4  
City-St-Zip: JACKSONVILLE, AR 72076

Title: MGR ( ) Delete  
Name: RUGGLES, DWAYNE L M.D.  
Address: 2227 W. MAIN ST., STE 4  
City-St-Zip: JACKSONVILLE, AR 72076

Title: MGR ( ) Delete  
Name: DAVIS, RON  
Address: 2227 W. MAIN ST., STE 4  
City-St-Zip: JACKSONVILLE, AR 72076

Title: MGR ( ) Delete  
Name: LUND, JACK D.O.  
Address: 6545 RIDGE ROAD  
City-St-Zip: PORT RICHEY, FL 34668

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: SCHULTZ, CHARLES E M.D.  
Address: 1432 BRADEN  
City-St-Zip: JACKSONVILLE, AR 72076

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 for the exemption stated in Section 119.07(3)(i), 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: RON DAVIS

MGR

02/05/2004

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