

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002525

FILED
Feb 10, 2005
Secretary of State

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

Current Principal Place of Business:

6545 RIDGE ROAD
PORT RICHEY, FL 34668

New Principal Place of Business:

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: SCHULTZ, CHARLES E M.D.
Address: 1432 BRADEN
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 (X) 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: LUND, JACK R M.D.
Address: 4565 RIDGE ROAD
City-St-Zip: PORT RICHEY, FL 34668

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

02/10/2005

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