


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

02-08-2008 90095 044 ***138.75

DOCUMENT # M03000002525	
1. Entity Name DOCTORS HEARING CENTER, L.L.C. LXII	

Principal Place of Business 6545 RIDGE ROAD PORT RICHEY, FL 34668	Mailing Address 2227 WEST MAIN STREET, SUITE 4 JACKSONVILLE, AR 72076
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01182008 Chg-LLC CR2E083 (12/06)

4. FEI Number 55-0822877	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent	
WATTS, RENITA 4650 ST JAMES AVENUE TITUSVILLE, FL 32780	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HAYES, RICHARD L M.D. 2227 W. MAIN ST., STE 4 JACKSONVILLE, AR 72076	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR LUND, JACK R M.D. 4565 RIDGE ROAD PORT RICHEY, FL 34668	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR DAVIS, RON 2227 W. MAIN ST., STE 4 JACKSONVILLE, AR 72076	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: RLD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3-06-08 800-760 2771

Date

Daytime Phone #