

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000022063

**FILED**  
**Jan 17, 2005**  
**Secretary of State**

**Entity Name:** ARTURO RODRIGUEZ-MARTIN, M.D., P.L.

**Current Principal Place of Business:**

2885 TAMiami TRAIL, SUITE 107  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

1665 TAMiami TRAIL  
BUILDING #7  
PORT CHARLOTTE, FL 33948

**Current Mailing Address:**

2885 TAMiami TRAIL, SUITE 107  
PORT CHARLOTTE, FL 33952

**New Mailing Address:**

P.O. BOX 496016  
PORT CHARLOTTE, FL 33949-601

**FEI Number:** 56-2450952

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOORE, JOHN L  
200 SOUTH ORANGE AVENUE  
SARASOTA, FL 34236 US

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

KEUKER TAX SERVICE, INC.  
1931 TAMiami TRAIL  
SUITE 12  
PORT CHARLOTTE, FL 33948 US

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:** OSCAR KEUKER

01/17/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:**

**ADDITIONS/CHANGES:**

**Title:** MGR ( ) Change (X) Addition  
**Name:** JOZEFIAK, DENIECE  
**Address:** 1665 TAMiami TRAIL, SUITE #7  
**City-St-Zip:** PORT CHARLOTTE, FL 33948

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:** DENIECE JOZEFIAK

CMA

01/17/2005

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