

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000011034

FILED  
Jan 14, 2004  
Secretary of State

**Entity Name:** JOHN A. FARNELLA, JR. M.D. LLC

**Current Principal Place of Business:**

455 WEST WARREN AVENUE  
LONGWOOD, FL 32750

**New Principal Place of Business:**

**Current Mailing Address:**

455 WEST WARREN AVENUE  
LONGWOOD, FL 32750

**New Mailing Address:**

FEI Number: 13-2441809

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ARNOLD, MATHENY & EAGAN, P.A.  
801 N. MAGNOLIA AVENUE, SUITE 201  
ORLANDO, FL 32802 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: FARNELLA, JOHN A M.D.  
Address: 455 WEST WARREN AVENUE  
City-St-Zip: LONGWOOD, FL 32750 US

**ADDITIONS/CHANGES:**

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: JOHN A FARNELLA, M.D.

MGR

01/14/2004

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