

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000011034

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

FILED  
Jan 11, 2005  
Secretary of State

**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:**

ARNOLD, MATHENY & EAGAN, P.A.  
605 E ROBINSON STREET  
SUITE 730  
ORLANDO, FL 32801 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: \_\_\_\_\_

Electronic Signature of Registered Agent

01/11/2005

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 FARNELLA

MGR

01/11/2005

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