

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020504

Entity Name: A & R HEALTH, L.L.C.

FILED  
Feb 28, 2005  
Secretary of State

**Current Principal Place of Business:**

1555 PT. MALABAR BLVD NE, STE 101  
PALM BAY, FL 32905

**New Principal Place of Business:**

**Current Mailing Address:**

1555 PT. MALABAR BLVD NE, STE 101  
PALM BAY, FL 32905

**New Mailing Address:**

FEI Number: 01-0570523

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALDUAVIVA, CARL  
1120 BAXWOOD CT.  
MALABAR, FL 32950 US

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

ACQUAVIVA, CARL  
1120 BAYWOOD CT  
MALABAR, FL 32950 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: CARL D. ACQUAVIVA

02/28/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: AQUAVIVA, CARL  
Address: 1555 PT MALABAR BVLVD. #101  
City-St-Zip: PALM BAY, FL 32905

Title: MGRM ( ) Delete  
Name: RIEBSANE, WILLIAM  
Address: 1555 PT. MALABAR BLVD. #104  
City-St-Zip: PALM BAY, FL 32905

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: RIEBSANE, WILLIAM  
Address: 1555 PT. MALABAR BLVD. #104  
City-St-Zip: PALM BAY, FL 32905

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: CARL D ACQUAVIVA

MGRM

02/28/2005

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