

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000020504

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

FILED
Mar 18, 2009
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:

ACQUAVIVA, CARL
1120 BAYWOOD CT
MALABAR, FL 32950 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/MANAGERS:

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

Title: MGRM () Delete
Name: RIEBSAME, 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: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

03/18/2009

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