

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000021152

FILED
Apr 25, 2005
Secretary of State

Entity Name: A/R HEALTHCARE CONSULTANTS, LLC

Current Principal Place of Business:

1800 SOUTH OCEAN BLVD., #1411
POMPANO BEACH, FL 33062 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 350005
JACKSONVILLE, FL 32235 US

New Mailing Address:

FEI Number: 33-1017863

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAKOWSKI, THERESA M
1800 SOUTH OCEAN BLVD, SUITE 1411
POMPANO BEACH, FL 33002 US

Name and Address of New Registered Agent:

MAKOWSKI-SHIRK, THERESA M
1800 SOUTH OCEAN BLVD, SUITE 1411
POMPANO BEACH, FL 33002 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: THERESA M MAKOWSKI-SHIRK

04/25/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: MAKOWSKI, THERESA
Address: 12536 HIGHVIEW DR.
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MAKOWSKI-SHIRK, THERESA
Address: 12536 HIGHVIEW DR.
City-St-Zip: JACKSONVILLE, FL 32225

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: THERESA M MAKOWSKI-SHIRK

MS.

04/25/2005

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