

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000021152

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: A/R HEALTHCARE CONSULTANTS, LLC

**Current Principal Place of Business:**

1800 SOUTH OCEAN BLVD., #1411  
POMPAN0 BEACH, FL 33062 US

**New Principal Place of Business:**

12536 HIGHVIEW DR  
JACKSONVILLE, FL 32225 US

**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-SHIRK, THERESA M  
1800 SOUTH OCEAN BLVD, SUITE 1411  
POMPAN0 BEACH, FL 33002 US

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

MAKOWSKI-SHIRK, THERESA M  
12536 HIGHVIEW DR  
JACKSONVILLE, FL 32225 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 SHIRK MAKOWSKI

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**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 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: THERESA SHIRK MAKOWSKI

MGRM

04/30/2009

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