

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-11-2003 90024 038 ****50.00

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1. Entity Name

A/R HEALTHCARE CONSULTANTS, LLC



Principal Place of Business

4651 SALISBURY ROAD
SUITE 180
JACKSONVILLE FL 32256-619
US

Mailing Address

P. O. BOX 350005
JACKSONVILLE FL 32235
US

2. Principal Place of Business

1800 South Ocean Blvd

3. Mailing Address

Suite, Apt. #, etc.

1411

Suite, Apt. #, etc.

City & State

Pompano Beach FL

City & State

Zip

33062

Country

USA

Zip

Country

6. Name and Address of Current Registered Agent

MAKOWSKI, RAYMOND
4651 SALISBURY ROAD
SUITE 180
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

Name M. Theresa Shiff-Makowski
Street Address (P.O. Box Number is Not Acceptable)
1800 South Ocean Blvd
Suite 1411
City Pompano Beach FL Zip Code 33062

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE M. Theresa Shiff-Makowski DATE 3/22/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE NAME ☐ Delete
NAME MGRM
STREET ADDRESS MAKOWSKI, THERESA
CITY-ST-ZIP 4651 SALISBURY ROAD, SUITE 180 Jacksonville
JACKSONVILLE FL 32256

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
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TITLE NAME ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME ☒ Change ☐ Addition
NAME
STREET ADDRESS 12536 Highview Dr.
CITY-ST-ZIP Jacksonville FL 32225

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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STREET ADDRESS
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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify 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 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: M. Theresa Shiff-Makowski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE 3/27/03
Date Daytime Phone #

CR2E083 (10/02)