



**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000007964</b> 1. Entity Name ARJUN D. ANEJA, MD, LLC	
---	---

Principal Place of Business 325 CLYDE MORRIS BLVD STE 300 ORMOND BEACH, FL 32174	Mailing Address 325 CLYDE MORRIS BLVD STE 300 ORMOND BEACH, FL 32174
---	---

**DO NOT WRITE IN THIS SPACE**



01112008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number 13-4239969	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ANEJA, ARJUN D M.D.  
325 CLYDE MORRIS BLVD  
STE 300  
ORMOND BEACH, FL 32174

**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

0000000881284  
04/15/08-80095-016 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANEJA, ARJUN D 325 CLYDE MORRIS BLVD #300 ORMOND BEACH, FL 32174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Arjun **2-28-08** **386-672-6356**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #