

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014743

Entity Name: ANESCO CENTRAL LLC

FILED
Aug 05, 2009
Secretary of State

Current Principal Place of Business:

3601 W COMMERCIAL BLVD., STE. 4 & 5
FT LAUDERDALE, FL 33309

New Principal Place of Business:

3601 W COMMERCIAL BLVD., STE. 5
FT LAUDERDALE, FL 33309

Current Mailing Address:

3601 W COMMERCIAL BLVD., STE. 4 & 5
FT LAUDERDALE, FL 33309

New Mailing Address:

3601 W COMMERCIAL BLVD., STE. 5
FT LAUDERDALE, FL 33309

FEI Number: 59-3772506 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MELI, DR. RICHARD
3601 W COMMERCIAL BLVD., STE. 4 & 5
FT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

MELI, DR. RICHARD
3601 W COMMERCIAL BLVD., STE. 5
FT LAUDERDALE, FL 33309 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:

08/05/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: MELI, RICHARD MD
Address: 3601 W COMMERCIAL BLVD STE 4-5
City-St-Zip: FORT LAUDERDALE, FL 33307

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: MELI, RICHARD MD
Address: 3601 W COMMERCIAL BLVD STE 5
City-St-Zip: FORT LAUDERDALE, FL 33307

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: RICHARD MELI, M.D.

P

08/05/2009

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