

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000056822

Entity Name: GHOA DISABILITY, LLC

FILED  
Feb 16, 2009  
Secretary of State

## Current Principal Place of Business:

1147 NW 64TH TERRACE  
GAINESVILLE, FL 32605

## New Principal Place of Business:

## Current Mailing Address:

1147 NW 64TH TERRACE  
GAINESVILLE, FL 32605

## New Mailing Address:

FEI Number: 20-0306373

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STECHMILLER, BRUCE K MD  
1147 NW 64TH TERRACE  
GAINESVILLE, FL 32605 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: STECHMILLER, BRUCE K  
Address: 1147 NW 64TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: MGRM ( ) Delete  
Name: BHATIA, ANDRES  
Address: 1147 NW 64TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: MGRM ( ) Delete  
Name: DE LA PUERTA, MANUEL  
Address: 1147 NW 64TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: MGRM ( ) Delete  
Name: GORDAN, LUCIO  
Address: 1147 NW 64TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: ACS, PETER  
Address: 1147 NW 64TH TERRACE  
City-St-Zip: GAINESVILLE, FL 32605

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: BRUCE K STECHMILLER

MGRM

02/16/2009

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