

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000056822

Entity Name: GHOA DISABILITY, LLC

FILED
Jan 28, 2010
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:

HUSEMAN, WILLIAM R ESQ
3733 UNIVERSITY BLVD WEST
STE 210-B
JACKSONVILLE, FL 332217 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
Name: DICKERSON, LAURA C
Address: 1147 NW 64TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

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

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

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

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

I hereby 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: ANDRES BHATIA

MGRM

01/28/2010

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