2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2005
Secretary of State

DOCUMENT# L04000007665

Entity Name: ARTHRITIS CARE CENTRE, L.L.C.

Current Principal Place of Business:

1840 MEASE DR, STE 406
SAFETY HARBOR, FL 34695

New Principal Place of Business:

Current Mailing Address:

1840 MEASE DR, STE 406
SAFETY HARBOR, FL 34695

New Mailing Address:

FEI Number: 61-1465319 **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:

GASSMAN, ALAN S
1245 COURT ST, STE 102
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

GOODMAN, LESLIE A MD
1840 MEASE DRIVE
STE 406
SAFETY HARBOR, FL 34695 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: LESLIE A GOODMAN 05/04/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

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

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: GOODMAN, LESLIE A MD
Address: 1840 MEASE DRIVE STE 406
City-St-Zip: SAFETY HARBOR, FL 34695

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LESLIE A GOODMAN MGR 05/04/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date