

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000007665

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**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:**

4611 AYRON TERRACE  
PALM HARBOR, FL 34685

**Current Mailing Address:**

1840 MEASE DR, STE 406  
SAFETY HARBOR, FL 34695

**New Mailing Address:**

4611 AYRON TERRACE  
PALM HARBOR, FL 34685

**FEI Number:** 61-1465319

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOODMAN, LESLIE A MD  
1840 MEASE DRIVE  
STE 406  
SAFETY HARBOR, FL 34695 US

**Name and Address of New Registered Agent:**

GOODMAN, LESLIE A MD  
4611 AYRON TERRACE  
PALM HARBOR, FL 34685 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 ALAN GOODMAN

04/30/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: GOODMAN, LESLIE A MD  
Address: 4611 AYRON TERRACE  
City-St-Zip: PALM HARBOR, FL 34685

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: LESLIE ALAN GOODMAN

PRES

04/30/2010

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