

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 06, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000023833

1. Entity Name
ARECHO MEDICAL CLINIC, LLC



Principal Place of Business
10045 CORTEZ BLVD.
SUITE 122
BROOKSVILLE, FL 34613 US

Mailing Address
10045 CORTEZ BLVD.
SUITE 122
BROOKSVILLE, FL 34613 US



07262007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1131601

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALINGU, JULIETTE
10045 CORTEZ BLVD
SUITE 122
BROOKSVILLE, FL 34613

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE JULIETTE ALINGU
Signature, typed or printed name of registered agent and title if applicable.

[Signature]
(NOTE: Registered Agent signature required when reinstating)

7/26/07
DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	MGRM	ALINGU, ALFRED	10045 CORTEZ BOULEVARD, SUITE 122 BROOKSVILLE, FL 34613

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

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TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

U00000771498
08/07/07-80004-024 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [Signature] JULIETTE ALINGU

Date

Daytime Phone #

7/26/07 (352) 596-0401