


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000023833</b> 1. Entity Name <b>ARECHO MEDICAL CLINIC, LLC</b>	
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Principal Place of Business <b>10045 CORTEZ BLVD. SUITE 122 BROOKSVILLE, FL 34613 US</b>	Mailing Address <b>10045 CORTEZ BLVD. SUITE 122 BROOKSVILLE, FL 34613 US</b>
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01152008No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-1131601</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**000000915362  
05/09/08-80012-016 138.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ALINGU, ALFRED 10045 CORTEZ BOULEVARD, SUITE 122 BROOKSVILLE, FL 34613</b>
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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: JULIETTE ALINGU**  **4/1/08 (352)596-0405**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #