

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000013930

FILED  
Mar 13, 2006  
Secretary of State

Entity Name: ORIENTAL MEDICAL ARTS, LLC

## Current Principal Place of Business:

13515 OLD DOCK RD  
ORLANDO, FL 32828

## New Principal Place of Business:

4365 RIXEY ST.  
ORLANDO, FL 32803

## Current Mailing Address:

13515 OLD DOCK RD  
ORLANDO, FL 32828

## New Mailing Address:

4365 RIXEY ST  
ORLANDO, FL 32803

FEI Number: 41-2168048

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GELPI, MONICA  
13515 OLD DOCK RD  
ORLANDO, FL 32828 US

## Name and Address of New Registered Agent:

GELPI, MONICA  
4365 RIXEY ST.  
ORLANDO, FL 32803 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: MONICA GELPI

03/13/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: GELPI, MONICA  
Address: 13515 OLD DOCK RD  
City-St-Zip: ORLANDO, FL 32828

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: GELPI, MONICA  
Address: 4365 RIXEY ST  
City-St-Zip: ORLANDO, FL 32803

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MONICA GELPI

MGR

03/13/2006

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