

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000014471

Entity Name: A. ARANA, JR., M.D., LLC

FILED  
May 01, 2009  
Secretary of State

**Current Principal Place of Business:**

250 N ORANGE AVENUE SUITE 550  
ORLANDO, FL 32801

**New Principal Place of Business:**

115 E LANCASTER RD  
STE A  
ORLANDO, FL 32809

**Current Mailing Address:**

8575 CHICKASAW FARMS LANE  
ORLANDO, FL 32825

**New Mailing Address:**

FEI Number: 33-1111936      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:**

ARANA, A JR., MD  
250 NORTH ORANGE AVENUE SUITE 550  
ORLANDO, FL 32801 US

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

ARANA, ADALBERTO JR.  
115 E LANCASTER RD  
STE A  
ORLANDO, FL 32809 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: ADALBERTO ARANA JR

05/01/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ARANA, A. M.D.  
Address: 8575 CHICKASAW FARMS LANE  
City-St-Zip: ORLANDO, FL 32825

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ARANA, ADALBERTO JR  
Address: 8575 CHICKASAW FARMS LANE  
City-St-Zip: ORLANDO, FL 32825

I hereby certify that the information supplied with this filing does not qualify 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: ADALBERTO ARANA JR

MGR

05/01/2009

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