

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jul 31, 2008  
Secretary of State**

DOCUMENT# L06000009463

Entity Name: ARBOR DOCTOR, LLC

**Current Principal Place of Business:**

1078 BLUE HILL CREEK DRIVE  
MARCO ISLAND, FL 34145

**New Principal Place of Business:**

**Current Mailing Address:**

1078 BLUE HILL CREEK DRIVE  
MARCO ISLAND, FL 34145

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) 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:**

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

MCFARLAND, PETER  
1078 BLUE HILL CREEK DRIVE  
MARCO ISLAND, FL 34145 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: MCFARLAND, PETER  
Address: 1078 BLUE HILL CREEK DRIVE  
City-St-Zip: MARCO ISLAND, FL 34145

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: PETER MCFARLAND

MGRM

07/31/2008

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