

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000042004

FILED
Jan 07, 2008
Secretary of State

Entity Name: ARTHRITIS CENTER OF TALLAHASSEE, PL

Current Principal Place of Business:

ATTN: JOHN M. SZCZESNY, M.D.
1630 RIGGINS ROAD
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

C/O JOHN A. MADDEN CPA
2606 CENTENNIAL PLACE
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 20-5292370

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SZCZESNY, JOHN M
1630 RIGGINS ROAD
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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:

Title: MGRM () Delete
Name: SZCZESNY, JOHN M M.D.
Address: 1630 RIGGINS ROAD
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES:

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: JOHN M SZCZESNY

MGRM

01/07/2008

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