

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000080069

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** SOUTHWEST FLORIDA RHEUMATOLOGY, LLC

**Current Principal Place of Business:**

11952 BOYETTE ROAD  
RIVERVIEW, FL 33569

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2779  
RIVERVIEW, FL 33568

**New Mailing Address:**

**FEI Number:** 20-5385480

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

REDDY, SHANMUGAPRIYA  
15215 MERLINGLEN PLACE  
LITHIA, FL 33547 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  
Name: REDDY, SHANMUGAPRIYA  
Address: 11952 BOYETTE ROAD  
City-St-Zip: RIVERVIEW, FL 33569

I hereby 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: SHANMUGAPRIYA REDDY

MGRM

04/28/2010

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