

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000011518

FILED
Feb 04, 2009
Secretary of State

Entity Name: ARTHRITIS & RHEUMATISM ASSOCIATES, PL

Current Principal Place of Business:

520 D STREET, SUITE C
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

520 D STREET, SUITE C
CLEARWATER, FL 33756

New Mailing Address:

FEI Number: 59-3337044

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LITTLE, MICHAEL G
911 CHESTNUT STREET
CLEARWATER, FL 33756 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: MR () Delete
Name: ROSEN, ADAM M MD
Address: 520 D STREET STE C
City-St-Zip: CLEARWATER, FL 33756 US

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: ADAM M ROSEN MD

PD

02/04/2009

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