

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000011518

FILED
Feb 17, 2011
Secretary of State

Entity Name: ARTHRITIS & RHEUMATISM ASSOCIATES, PL

Current Principal Place of Business:

612 DRUID RD E
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

612 DRUID RD E
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
Name: ROSEN, ADAM M MD
Address: 612 DRUID RD E
City-St-Zip: CLEARWATER, FL 33756 US

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: ADAM M ROSEN MD

MR

02/17/2011

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