

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000112249

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

**Entity Name:** SEBRING UROLOGY CENTER - ANTHONY J. ARCIOLA, M.D., LLC

**Current Principal Place of Business:**

6801 U. S. HIGHWAY 27 NORTH  
SUITE C2  
SEBRING, FL 33870

**New Principal Place of Business:**

**Current Mailing Address:**

6801 U. S. HIGHWAY 27 NORTH  
SUITE C2  
SEBRING, FL 33870

**New Mailing Address:**

**FEI Number:** 26-1372090      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

RHOADES, CLIFFORD R  
2141 LAKEVIEW DRIVE  
SEBRING, FL 33870      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:** ARCIOLA, ANTHONY J M.D.  
**Address:** 6801 U. S. HIGHWAY 27 NORTH, SUITE C2  
**City-St-Zip:** SEBRING, FL 33870

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: ANTHONY J. ARCIOLA, M.D.      MGRM      01/08/2010

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