2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# L08000069381

Entity Name: ARTHRITIS & RHEUMATOLOGY PROPERTIES, LLC

Current Principal Place of Business:

1515 N FLAGLER DR
STE 620
W PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

1515 N FLAGLER DR
STE 620
W PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 20-0468264 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LARRY M. MESCHES, P.A.
525 S FLAGLER DR
STE 200
W PALM BEACH, FL 33401 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:	VIRSHUP, ARTHUR M MD	
Address:	1515 N FLAGLER DR - STE 620	
City-St-Zip:	W PALM BEACH, FL 33401	
Title:	MGRM	( ) Delete
Name:	SCHWEITZ, MICHAEL C MD	
Address:	1515 N FLAGLER DR - STE 620	
City-St-Zip:	W PALM BEACH, FL 33401	
Title:	MGRM	( ) Delete
Name:	ROSS, MICHEL D MD	
Address:	1515 N FLAGLER DR - STE 620	
City-St-Zip:	W PALM BEACH, FL 33401	
Title:	MGRM	( ) Delete
Name:	GREER, JONATHAN M MD	
Address:	1515 N FLAGLER DR - STE 620	
City-St-Zip:	W PALM BEACH, FL 33401	
Title:	MGRM	( ) Delete
Name:	TOKAYER, AMIRLY MD	
Address:	1515 N FLAGLER DR - STE 620	
City-St-Zip:	W PALM BEACH, FL 33401	
Title:	MGRM	( ) Delete
Name:	CEREJO, RUI DO	
Address:	1515 N FLAGLER DR - STE 620	
City-St-Zip:	W PALM BEACH, FL 33401	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGRM	(X) Change ( ) Addition
Name:	TOKAYER, AMIEL MD	
Address:	1515 N FLAGLER DR - STE 620	
City-St-Zip:	W PALM BEACH, FL 33401	
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: ARTHUR M. VIRSHUP, MD MGRM 04/01/2009

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