

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000046879

**FILED**  
**Jan 13, 2010**  
**Secretary of State**

**Entity Name:** HIGHLANDS ADVANCED RHEUMATOLOGY AND ARTHRITIS CENTER P.L.

**Current Principal Place of Business:**

3750 EMERGENCY LANE SUITE 3  
SEBRING, FL 33870

**New Principal Place of Business:**

3750 EMERGENCY LANE  
SUITE 3  
SEBRING, FL 33870

**Current Mailing Address:**

3750 EMERGENCY LANE SUITE 3  
SEBRING, FL 33870

**New Mailing Address:**

3750 EMERGENCY LANE  
SUITE 3  
SEBRING, FL 33870

FEI Number: 27-0321442

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SMITH AEBEL, ERIN ESQ  
SHUMAKER LOOP & KENDRICK LLP  
101 EAST KENNEDY BLVD. SUITE 2800  
TAMPA, FL 33602 US

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

TORRES, ALEXANDER MD  
3750 EMERGENCY LANE  
SUITE 3  
SEBRING, FL 33870 US

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: ALEXANDER TORRES, MD

01/13/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: TORRES, ALEXANDER MD  
Address: 3750 EMERGENCY LANE SUITE 3  
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: ALEXANDER TORRES, MD

MGRM

01/13/2010

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