

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000046879

**FILED**  
**Mar 16, 2011**  
**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:**

**Current Mailing Address:**

3750 EMERGENCY LANE  
SUITE 3  
SEBRING, FL 33870

**New Mailing Address:**

**FEI Number:** 27-0321442      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

TORRES, ALEXANDER MD  
3750 EMERGENCY LANE  
SUITE 3  
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:** 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      CEO      03/16/2011

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