

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000047756

**FILED**  
**Mar 02, 2012**  
**Secretary of State**

**Entity Name:** CENTER FOR ARTHRITIS & RHEUMATIC DISEASES PHARMACY BENEFITS PROGRAM, LLC

**Current Principal Place of Business:**

7190 SW 87 AVE., STE. 304  
MIAMI, FL 33173 US

**New Principal Place of Business:**

**Current Mailing Address:**

7190 SW 87 AVE., STE. 304  
MIAMI, FL 33173 US

**New Mailing Address:**

**FEI Number:** 80-0718139

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOLDSTEIN, TANEN & TRENCH, P.A.  
TWO SOUTH BISCAYNE BOULEVARD  
SUITE 3700  
MIAMI, FL 33131 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: WEITZ & RITTER, M.D., P.A.  
Address: 7190 SW 87TH AVENUE  
City-St-Zip: MIAMI, FL 33173 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: MICHAEL A. WEITZ

MGRM

03/02/2012

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