

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000021425

**Entity Name:** ARTHUR R. SONBERG, M.D., P.L.

**Current Principal Place of Business:**

1610 RIVER BLUFF ROAD  
MOREHEAD CITY, NC 28557

**Current Mailing Address:**

P.O. BOX 1978  
MOREHEAD CITY, NC 28557

**FEI Number:** 20-4416853

**Certificate of Status Desired:** No

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

KAPLAN, HAROLD EESQ  
1515 UNIVERSITY DRIVE, SUITE 201  
CORAL SPRINGS, FL 33071 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title P  
Name SONBERG, ARTHUR R  
Address 1610 RIVER BLUFF ROAD  
City-State-Zip: MOREHEAD CITY NC 28557

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ARTHUR R SONBERG, MD

**PRESIDENT**

**03/06/2014**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date