

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 25, 2004 8:00 am
Secretary of State

04-30-2004 90067 033 ****50.00

DOCUMENT # L03000038056 1. Entity Name CHALAVARYA MEDICAL ASSOCIATES, L.L.C.					
Principal Place of Business 4738 GRAND BLVD., STE. E NEW PORT RICHEY, FL 34652			Mailing Address 4738 GRAND BLVD., STE. E NEW PORT RICHEY, FL 34652		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02102004 Chg-LLC CR2E083 (10/03) 4. FEI Number 02-0708691 Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GASSMAN, ALAN S ESQ 1245 COURT ST., STE. 102 CLEARWATER, FL 33756			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
Filing Fee is \$50.00 Due by May 1, 2004		☐		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition D GOPAL K. CHALAVARYA, M.D. 4738 GRAND BOULEVARD, SUITE E NEW PORT RICHEY, FL 34652	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition D SADNA CHALAVARYA 4738 GRAND BOULEVARD, SUITE E NEW PORT RICHEY, FL 34652	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u><i>G. Chalavarya</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <u>4/22/04</u> Daytime Phone #		

GOPAL K. CHALAVARYA, M.D.