

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2006 08:00 AM
Secretary of State

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



04212006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

GASSMAN, ALAN S ESQ
1245 COURT ST., STE. 102
CLEARWATER, FL 33756

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHALAVARYA, GOPAL K 4738 GRAND BLVD, STE E NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHALAVARYA, SADNA 4738 GRAND BLVD, STE E NEW PORT RICHEY, FL 34652
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05/19/06-80059-002 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

GOPAL K CHALAVARYA

Date _____

Daytime Phone # _____