

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000038056

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: CHALAVARYA MEDICAL ASSOCIATES, L.L.C.

## Current Principal Place of Business:

7614 JACQUE RD. SUITE C  
HUDSON, FL 34667

## New Principal Place of Business:

7614 JACQUE RD.  
SUITE C  
HUDSON, FL 34667

## Current Mailing Address:

7614 JACQUE RD. SUITE C  
HUDSON, FL 34667

## New Mailing Address:

7614 JACQUE RD.  
SUITE C  
HUDSON, FL 34667

FEI Number: 02-0708691

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GASSMAN, ALAN S ESQ  
1245 COURT ST., STE. 102  
CLEARWATER, FL 33756 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: D ( ) Delete  
Name: CHALAVARYA, GOPAL K  
Address: 7614 JACQUE RD. SUITE C  
City-St-Zip: HUDSON, FL 34667

Title: D ( ) Delete  
Name: CHALAVARYA, SADNA  
Address: 7614 JACQUE RD. SUITE C  
City-St-Zip: HUDSON, FL 34667

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: GOPAL CHALAVARYA

D

04/22/2009

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