


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000074524**  
 1. Entity Name  
**S. GOLDMAN, M.D./C. PITARYS, M.D. P.L.**



Principal Place of Business      Mailing Address  
**5723 HIGH STREET**      **5723 HIGH STREET**  
**NEW PORT RICHEY, FL 34652**      **NEW PORT RICHEY, FL 34652**

**DO NOT WRITE IN THIS SPACE**



02202006 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>59-3731915</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**GOLDMAN, STEPHEN A M.C.**  
**5723 HIGH STREET**  
**NEW PORT RICHEY, FL 34652**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

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

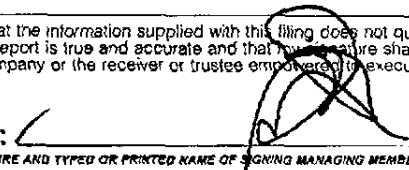
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GOLDMAN, STEPHEN A M.C. 5723 HIGH STREET NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PITARYS, CHRISTOS J II, M.D. 5723 HIGH STREET NEW PORT RICHEY, FL 34652
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 03/05/2006 8:00:53 AM 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 139, 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:**       **3/1/06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #