

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000074524

FILED
Jan 10, 2011
Secretary of State

Entity Name: S. GOLDMAN, M.D./C. PITARYS, M.D. P.L.

Current Principal Place of Business:

5723 HIGH STREET
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

6633 FOREST AVENUE
302
NEW PORT RICHEY, FL 34652

Current Mailing Address:

5723 HIGH STREET
NEW PORT RICHEY, FL 34652

New Mailing Address:

6633 FOREST AVENUE
302
NEW PORT RICHEY, FL 34652

FEI Number: 59-3731915

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDMAN, STEPHEN A MD
5723 HIGH STREET
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

GOLDMAN, STEPHEN A MD
6633 FOREST AVENUE
302
NEW PORT RICHEY, FL 34652 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: _____

01/10/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: GOLDMAN, STEPHEN A MD
Address: 6633 FOREST AVENUE, SUITE 302
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: MGRM
Name: PITARYS, CHRISTOS J II, M.D
Address: 6633 FOREST AVENUE, SUITE 302
City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby 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: STEPHEN A. GOLDMAN

MGR

01/10/2011

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