


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 17, 2004 8:00 am
Secretary of State

09-17-2004 90084 005 ****50.00

DOCUMENT # L03000011532

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



Principal Place of Business
 14100 FIVAY ROAD, SUITE 110
 HUDSON, FL 34668

Mailing Address
 14100 FIVAY ROAD, SUITE 110
 HUDSON, FL 34668



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

09112004 Chg-LLC CR2E083 (10/03)

4. FEI Number
13-4242340

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

GOLDMAN, STEPHEN A M.D.
 14100 FIVAY ROAD, SUITE 110
 HUDSON, FL 34668

7. Name and Address of New Registered Agent

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 September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOLDMAN, STEPHEN A M.D. 5723 HIGH STREET NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PITARYS, CHRISTOS J II, MD 5723 HIGH STREET NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:  **9-13-04 727-849-8771**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE **CHRISTOS J. PITARYS MD** Date Daytime Phone #