2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

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

04252005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-4242340 | Applied For | Not Applicable

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

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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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GOLDMAN, STEPHEN A M.D.
STREET ADDRESS	5723 HIGH STREET
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	MGRM
NAME	PITARYS, CHRISTOS J II, MD
STREET ADDRESS	5723 HIGH STREET
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/02/05-80085-024 50.00

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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: _____ 4-27-05
STEPHEN A. GOLDMAN, MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #