

**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

DO NOT WRITE IN THIS SPACE



04252005 No Chg-LLC

CR2E083 (10/03)

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

**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

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
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
GOLDMAN, STEPHEN A M.D.
5723 HIGH STREET
NEW PORT RICHEY, FL 34652

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
PITARYS, CHRISTOS J II, MD
5723 HIGH STREET
NEW PORT RICHEY, FL 34652

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000349945
05/02/05-80085-024 50.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #