

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

03-27-2006 90050 017 ****50.00

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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**

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03102006No Chg-LLC CR2E083 (11/05)

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

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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

[Handwritten Signature] **3/14/06**

**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.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 |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

[Handwritten Signature]