

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90206 021 ****50.00

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DOCUMENT # L04000074524					
1. Entity Name S. GOLDMAN, M.D./C. PITARYS, M.D. P.L.					
Principal Place of Business 5723 HIGH STREET NEW PORT RICHEY, FL 34652			Mailing Address 5723 HIGH STREET NEW PORT RICHEY, FL 34652		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3731915	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GOLDMAN, STEPHEN A.M.C. 5723 HIGH STREET NEW PORT RICHEY, FL 34652			Name GOLDMAN, STEPHEN A., M.D.		
			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		Signature, typed or printed name of registered agent and title if applicable.		DATE	
Filing Fee is \$50.00 Due by May 1, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	GOLDMAN, STEPHEN A., M.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDMAN, STEPHEN A.M.C.		NAME		
STREET ADDRESS	5723 HIGH STREET		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PITARYS, CHRISTOS J II, M.D		NAME		
STREET ADDRESS	5723 HIGH STREET		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:		Date: 2-19-07		Daytime Phone #: 727-849-5771	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					