


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

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

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**20004430**



<b>DOCUMENT # L04000074524</b>					
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		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent  GOLDMAN, STEPHEN A.M.C. 5723 HIGH STREET NEW PORT RICHEY, FL 34652			7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 NAME STREET ADDRESS CITY - ST - ZIP	MGRM GOLDMAN, STEPHEN A.M.C. 5723 HIGH STREET NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	GOLDMAN, STEPHEN A., M.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PITARYS, CHRISTOS J II, 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		<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
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
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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: 2-19-07 Daytime Phone #: 727-849-5771		