


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2008 08:00 A
Secretary of State


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
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DO NOT WRITE IN THIS SPACE



01312008No Chg-LLC CR2E083 (12/07)

4. FEI Number 59-3731915	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 MD
 5723 HIGH STREET
 NEW PORT RICHEY, FL 34652

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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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOLDMAN, STEPHEN A MD 5723 HIGH STREET NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PITARYS, CHRISTOS J II, M.D 5723 HIGH STREET NEW PORT RICHEY, FL 34652
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 04/03/08-80018-012 138.75

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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:  **3-12-08** **727-849-8777**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #