

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000011532

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Entity Name:** S. GOLDMAN, M.D./C. PITARYS, M.D. L.L.C.

**Current Principal Place of Business:**

14100 FIVAY ROAD, SUITE 110  
HUDSON, FL 34668

**New Principal Place of Business:**

**Current Mailing Address:**

14100 FIVAY ROAD, SUITE 110  
HUDSON, FL 34668

**New Mailing Address:**

6633 FOREST AVENUE  
302  
NEW PORT RICHEY, FL 34652

**FEI Number:** 13-4242340

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOLDMAN, STEPHEN A M.D.  
14100 FIVAY ROAD, SUITE 110  
HUDSON, FL 34668 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GOLDMAN, STEPHEN A M.D.  
Address: 6633 FOREST AVENUE, SUITE 302  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: MGRM  
Name: PITARYS, CHRISTOS J II, MD  
Address: 6633 FOREST AVENUE, SUITE 302  
City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: STEPHEN A. GOLDMAN

MGR

01/10/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date