

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000074524

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

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

**Current Principal Place of Business:**

5723 HIGH STREET  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

6633 FOREST AVENUE  
302  
NEW PORT RICHEY, FL 34652

**Current Mailing Address:**

5723 HIGH STREET  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

6633 FOREST AVENUE  
302  
NEW PORT RICHEY, FL 34652

**FEI Number:** 59-3731915

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOLDMAN, STEPHEN A MD  
5723 HIGH STREET  
NEW PORT RICHEY, FL 34652 US

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

GOLDMAN, STEPHEN A MD  
6633 FOREST AVENUE  
302  
NEW PORT RICHEY, FL 34652 US

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:

01/10/2011

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

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

Title: MGRM  
Name: PITARYS, CHRISTOS J II, M.D  
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

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