

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000011532

FILED  
Jan 11, 2012  
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:**

6633 FOREST AVENUE  
302  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

**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      MGRM      01/11/2012

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