

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000011532

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

Current Mailing Address:

6633 FOREST AVENUE
302
NEW PORT RICHEY, FL 34652

FEI Number: 13-4242340

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOLDMAN, STEPHEN AM.D.
14100 FIVAY ROAD, SUITE 110
HUDSON, FL 34668 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: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | | | |
|-----------------|-------------------------------|-----------------|-------------------------------|
| Title | MGRM | Title | MGRM |
| Name | GOLDMAN, STEPHEN AM.D. | Name | PITARYS, CHRISTOS JII, MD |
| Address | 6633 FOREST AVENUE, SUITE 302 | Address | 6633 FOREST AVENUE, SUITE 302 |
| City-State-Zip: | NEW PORT RICHEY FL 34652 | City-State-Zip: | NEW PORT RICHEY FL 34652 |

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEPHEN A GOLDMAN

MANAGING MEMBER

02/03/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date