

**2024 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:**

14100 FIVAY ROAD, SUITE 110  
HUDSON, FL 34668 US

**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  
Name GOLDMAN, STEPHEN AM.D.  
Address 14100 FIVAY ROAD, SUITE 110  
City-State-Zip: HUDSON FL 34668

Title MGRM  
Name PITARYS, CHRISTOS JII, MD  
Address 14100 FIVAY ROAD, SUITE 110  
City-State-Zip: HUDSON FL 34668

*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:** PITARYS , CHRISTOS JII, MD

04/25/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date