

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000038056

**Entity Name:** CHALAVARYA MEDICAL ASSOCIATES, L.L.C.

**Current Principal Place of Business:**

7614 JACQUE RD.  
SUITE C  
HUDSON, FL 34667

**Current Mailing Address:**

7614 JACQUE RD.  
SUITE C  
HUDSON, FL 34667

**FEI Number:** 02-0708691

**Certificate of Status Desired:** No

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

GASSMAN, ALAN SESQ  
1245 COURT ST., STE. 102  
CLEARWATER, FL 33756 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 MD  
Name CHALAVARYA, GOPAL K  
Address 7614 JACQUE RD. SUITE C  
City-State-Zip: HUDSON FL 34667

Title OTHER  
Name CHALAVARYA, SADNA  
Address 7614 JACQUE RD. SUITE C  
City-State-Zip: HUDSON FL 34667

*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:** GOPAL CHALAVARYA, M.D.

**MANAGER**

**04/23/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date