

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000038056

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

**Current Principal Place of Business:**

13740 OFFICE PARK COURT, SUITE C  
SUITE C  
HUDSON, FL 34667

**Current Mailing Address:**

13740 OFFICE PARK COURT, SUITE C  
SUITE C  
HUDSON, FL 34667 US

**FEI Number:** 02-0708691

**Certificate of Status Desired:** No

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

CHALAVARYA , GOPAL  
11 BAYMONT STREET  
APT 1408  
CLEARWATER, FL 33767 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:** GOPAL CHALAVARYA

01/29/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MD  
Name CHALAVARYA, GOPAL K  
Address 13740 OFFICE PARK COURT, SUITE C  
SUITE C  
City-State-Zip: HUDSON FL 34667

Title OTHER  
Name CHALAVARYA, GOPAL  
Address 13740 OFFICE PARK COURT, SUITE C  
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

MD

01/29/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date