

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000074524

**Entity Name:** S. GOLDMAN, M.D./C. PITARYS, M.D. P.L.

**Current Principal Place of Business:**

6633 FOREST AVENUE  
302  
NEW PORT RICHEY, FL 34652

**Current Mailing Address:**

6633 FOREST AVENUE  
302  
NEW PORT RICHEY, FL 34652

**FEI Number:** 59-3731915

**Certificate of Status Desired:** No

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

GOLDMAN, STEPHEN AMD  
6633 FOREST AVENUE  
302  
NEW PORT RICHEY, FL 34652 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 AMD  
Address 6633 FOREST AVENUE, SUITE 302  
City-State-Zip: NEW PORT RICHEY FL 34652

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

Title MGRM  
Name CHADDA, NADAR DR.  
Address 6633 FOREST AVENUE  
302  
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 PARTNER**

**01/26/2016**

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

\_\_\_\_\_  
Date