

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000374666

**Entity Name:** CRYSTAL RIVER MEDICAL LLC

**Current Principal Place of Business:**

1038 W ROLLINGWOOD CT  
HERNANDO, FL 34442

**Current Mailing Address:**

1038 W ROLLINGWOOD CT  
HERNANDO, FL 34442

**FEI Number: 85-4225725**

**Certificate of Status Desired: No**

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

BUDDHADEV, ASHOK  
1038 W ROLLINGWOOD CT  
HERNANDO, FL 34442 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 AMBR  
Name PRASHANTI NILYAM LLC  
Address 3775 N LECANTO HWY  
City-State-Zip: BEVERLY HILLS FL 34465

Title AUTHORIZED MEMBER  
Name KETBEN LLC  
Address 1038 W ROLLINGWOOD CT  
City-State-Zip: HERNANDO FL 34442

*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: ASHOK G BUDDHADEV**

**AUTHORIZED AGENT**

**01/22/2021**

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

\_\_\_\_\_  
Date