


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90012 038 ****50.00

DOCUMENT # L00000001730

1. Entity Name
 CHANDRA, GAYDEN, PATEL AND ASSOCIATES, LLC



Principal Place of Business 20 E MELBOURNE AVENUE MELBOURNE, FL 32901	Mailing Address 20 E MELBOURNE AVENUE MELBOURNE, FL 32901
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24051914

DO NOT WRITE IN THIS SPACE



01192004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3630346	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WHITAKER, HURLEY PARTIN ESQ
 312 S HARBOR CITY BLVD
 MELBOURNE, FL 32901

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.


SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
 Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR RAJIV CHANDRA, MD., MARGARET CHANDRA 20 E. MELBOURNE AVE MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR BACHU PATEL, M.D., USHA PATEL 20 E. MELBOURNE AVE MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MBR JOHN GAYDEN MD., MIRIAM GAYDEN 20 E. MELBOURNE AVE MELBOURNE, FL 32901
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:  **4/21/04** **321-768-6499**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #