

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
Jan 08, 2007
Secretary of State**

DOCUMENT# L00000001730

Entity Name: CHANDRA, GAYDEN, PATEL AND ASSOCIATES, LLC

Current Principal Place of Business:

20 E MELBOURNE AVENUE
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

20 E MELBOURNE AVENUE
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 59-3630346 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RAJIV CHANDRA, MD.,
Address: 20 E. MELBOURNE AVE
City-St-Zip: MELBOURNE, FL 32901

Title: MGRM () Delete
Name: BACHU PATEL, M.D., U, SHA PATEL
Address: 20 E. MELBOURNE AVE
City-St-Zip: MELBOURNE, FL 32901

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: JOHN GAYDEN, M.D., M, IRIAM GAYDEN
Address: 20E MELBOURNE AVE
City-St-Zip: MELBOURNE, FL 32901

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: RAJIV CHANDRA, MD

MGR

01/08/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date