May 07 02 09:46a

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May 27, 2002 8:00 am
Secretary of State
04-22-2002 90162 005 ****50.00

4/22

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000008096

1. Entity Name
CAAP HOLDINGS, LLC

Principal Place of Business	Mailing Address
5628 MAIN ST. NEW PORT RICHEY FL 34652	5628 MAIN ST. NEW PORT RICHEY FL 34652

[redacted] 86617

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4738 GRAND BLVD, SUITE E	4738 GRAND BLVD, SUITE E
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NEW PORT RICHEY, FL	City & State: NEW PORT RICHEY, FL
Zip: 34652 Country:	Zip: 34652 Country:

4. FEI Number 59-3721467 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ALTMAN, ROBERT N
5628 MAIN ST.
NEW PORT RICHEY FL 34652

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	SUDHIR AGARWAL, M.D. 4738 GRAND BLVD, SUITE E NEW PORT RICHEY, FLORIDA 34652	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	USHA AGARWAL, M.D. 4738 GRAND BLVD, SUITE E NEW PORT RICHEY, FLORIDA 34652	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	GOPAL CHALAVARYA, M.D. 4738 GRAND BLVD, SUITE E NEW PORT RICHEY, FLORIDA 34652	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E083 (5/01)

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: SIGNATURE REQUIRED 4/22/02 727-848-6400

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

SUDHIR AGARWAL, M.D.