2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Mar 16, 2006 08:00 AM DOCUMENT # L02000012199 **Secretary of State** 1. Entity Name ADITHYA K. GANDHI, M.D., P.L.C. Mailing Address Principal Place of Business 18128 LONG WATER RUN DRIVE 18128 LONG WATER RUN DRIVE TAMPA, FL 33647 TAMPA, FL 33647 CR2E083 (11/05) 03132006 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 61-1414654 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent GASSMAN, ALAN S ESQ. DO NOT WRITE 1245 COURT ST., STE. 102 CLEARWATER, FL 33756 IN THIS SPACE 3. 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. It am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if appricable. INOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2008 MANAGING MEMBERS/MANAGERS 3 MLE GANDHI, ADITHYA K NAME STREET ADDRESS 18128 LONG WATER RUN DRIVE TAMPA, FL 33647 C17Y-S7-21P 000000470147 03/28/06-80002-006 50.00 me MAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STITEET ADDRESS CATY-ST-ZIP TITLE NAME

FILED

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 it made under eath; 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: 3-13-10, 8	813-491-07
BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date	Daytims Phone #