

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000013943

**FILED**  
**Mar 15, 2004**  
**Secretary of State**

**Entity Name:** MADHU GOYAL, M.D., P.L.C.

**Current Principal Place of Business:**

34653 US HIGHWAY 19  
PALM HARBOR, FL 34684

**New Principal Place of Business:**

**Current Mailing Address:**

4005 EAGLE COVE W. DRIVE  
PALM HARBOR, FL 34685

**New Mailing Address:**

FEI Number: 01-0706067

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GASSMAN, ALAN S ESQ  
1245 COURT STREET, SUITE 102  
CLEARWATER, FL 33756 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: GOYAL, MADHU M.D.  
Address: 34653 US HIGHWAY 19  
City-St-Zip: PALM HARBOR, FL 34684

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MADHU GOYAL

MGRM

03/15/2004

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