

# 2014 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000013943

**FILED**  
**Apr 09, 2014**  
**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: ALAN S. GASSMAN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**AUTHORIZED PERSONS:**

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

I hereby 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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: MADHU GOYAL, M.D.

MGRM

04/09/2014

\_\_\_\_\_  
Electronic Signature of Authorized Person

\_\_\_\_\_  
Date