

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

503267900284  
9/22/2003-90102-019-\$50.00-\$50.00

FORM 1 FP

DOCUMENT # **L02000013943**

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



FILED

2003 OCT -8 AM 11:53

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



Principal Place of Business  
3465 U.S. HIGHWAY 19  
PALM HARBOR FL 34684  
**34653 US HWY 19  
PALM HARBOR, FL 34684**

Mailing Address  
3465 U.S. HIGHWAY 19  
PALM HARBOR FL 34684  
**4005 EAGLE COVE  
W. DR.  
PALM HARBOR, FL**

2. Principal Place of Business  
**34653 USHWY 19**

3. Mailing Address  
**4005 EAGLE COVE DRIVE 34685**

Suite, Apt. #, etc.  
**Palme**

Suite, Apt. #, etc.  
**P.**

City & State  
**PALM HARBOR, FL**

City & State  
**PALM HARBOR, FL**

Zip  
**34684**

Country  
**PINELLAS**

Zip  
**34685**

Country  
**PINELLAS**

4. FEI Number  
**01-0706067**

Applied For  
 Not Applicable

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

CHECK HERE IF MAKING CHANGES

8. Name and Address of Current Registered Agent

**GASSMAN, ALAN S. ESQ.**  
1245 COURT STREET, SUITE 102  
CLEARWATER FL 33756

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Madhu Goyal* DATE 9.20.03

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

**\$0.00**

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Florida Department of State  
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GOYAL, MADHU M.D. 3465 US HIGHWAY 19 PALM HARBOR FL 34684</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>34653 U.S. 19 PALM HARBOR, FL 34684</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 OF REGISTERED AGENT* DATE 9.20.03 (727)771-6135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CPA 0103 (1/03)