FILED
May 02, 2005 08:00 AM
Secretary of State

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000024496

1. Entity Name
RAJEEV SOOD MD, PL

Principal Place of Business	Mailing Address
3433 BURLINGTON DRIVE ORLANDO, FL 32837	3433 BURLINGTON DRIVE ORLANDO, FL 32837

DO NOT WRITE IN THIS SPACE

04252005No Chg-LLC CR2E083 (10/03)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SOOD, RAJEEV
3433 BURLINGTON DRIVE
ORLANDO, FL 32837

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

Filing Fee is $50.00
Due by May 1, 2005

U00000356352

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SOOD, RAJEEV
STREET ADDRESS	3433 BURLINGTON DRIVE
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: x Rajeev Sood x 4.28.05

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