

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000033626**

1. Entity Name

P. P. SINHA, M. D., LC

Principal Place of Business

6484 SUGARTREE DRIVE  
SPRING HILL, FL 34607 US

Mailing Address

6484 SUGARTREE DRIVE  
SPRING HILL, FL 34607 US

**DO NOT WRITE IN THIS SPACE**



04212004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number

20-0201180

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SINHA, PURENDRA P  
6484 SUGARTREE DRIVE  
SPRING HILL, FL 34607

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
SINHA, PURENDRA P  
6484 SUGARTREE DRIVE  
SPRING HILL, FL 34607

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
SINHA, PUSHPA  
6484 SUGARTREE DRIVE  
SPRING HILL, FL 34607

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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U000000150731  
05/04/04-80017-017 50.00

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**

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

Date

Daytime Phone #