


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 14, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L03000038056</b> 1. Entity Name CHALAVARYA MEDICAL ASSOCIATES, L.L.C.	
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Principal Place of Business 7614 JACQUE RD. SUITE C HUDSON, FL 34667	Mailing Address 7614 JACQUE RD. SUITE C HUDSON, FL 34667
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**DO NOT WRITE IN THIS SPACE**



03112008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 02-0708691	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  GASSMAN, ALAN S ESQ 1245 COURT ST., STE. 102 CLEARWATER, FL 33756
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_


**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHALAVARYA, GOPAL K 7614 JACQUE RD. SUITE C HUDSON, FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHALAVARYA, SADNA 7614 JACQUE RD. SUITE C HUDSON, FL 34667
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04/01/08-80063-023 143.75

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**  **3/11/08**

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