

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000038056

**FILED**  
**Jan 18, 2011**  
**Secretary of State**

**Entity Name:** CHALAVARYA MEDICAL ASSOCIATES, L.L.C.

**Current Principal Place of Business:**

7614 JACQUE RD.  
SUITE C  
HUDSON, FL 34667

**New Principal Place of Business:**

**Current Mailing Address:**

7614 JACQUE RD.  
SUITE C  
HUDSON, FL 34667

**New Mailing Address:**

**FEI Number:** 02-0708691

**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 ST., STE. 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:**

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

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MD  
**Name:** CHALAVARYA, GOPAL K  
**Address:** 7614 JACQUE RD. SUITE C  
**City-St-Zip:** HUDSON, FL 34667

**Title:** D  
**Name:** CHALAVARYA, SADNA  
**Address:** 7614 JACQUE RD. SUITE C  
**City-St-Zip:** HUDSON, FL 34667

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 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:** GOPAL CHALAVARYA

MD

01/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date