

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000044197

1. Entity Name
AKSHAR HEALTHCARE SYSTEMS, LLC



Principal Place of Business
14040 SIRRA VISTA DRIVE
ORLANDO, FL 32837

Mailing Address
14040 SIRRA VISTA DRIVE
ORLANDO, FL 32837



04102006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-1458897

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

PATEL, SHAILESH P
14040 SIRRA VISTA DRIVE
ORLANDO, FL 32837

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PATEL, SHAILESH P
STREET ADDRESS	14040 SIRRA VISTA DRIVE
CITY-STATE-ZIP	ORLANDO, FL 32837

TITLE	
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CITY-STATE-ZIP	

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05/02/06-80104-015 50.00

**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 _____

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

Shailesh Patel

04/17/06

941-387-9880

Date

Daytime Phone #