

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000014389

1. Entity Name
RACHNA MEHRA, M.D. & COMPANY, LLC



Principal Place of Business

1739 REUVEN CIRCLE DRIVE, SUITE 2B
NAPLES, FL 34112

Mailing Address

1739 REUVEN CIRCLE DRIVE, SUITE 2B
NAPLES, FL 34112

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

03212005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0766335	Applied For
	Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LASMAN, JEFFREY M ESQ.
C/O LASMAN LAW FIRM, P.A.
115 PROVIDENCE ROAD
BRANDON, FL 33511

Name
Rachna Mehra

Street Address (P.O. Box Number is Not Acceptable)
1739 Reuven Circle Drive, Suite 2B

City
Naples

FL Zip Code
34112

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, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
MEHRA, RACHNA
510 VONDERBURG DRIVE, SUITE 3009
BRANDON, FL 33511

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
Mehra, Rachna
1739 Reuven Circle Drive, Suite 2B
Naples, FL 34112

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
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STREET ADDRESS
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Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

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: Rachna Mehra

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

4/27/05

Date

Daytime Phone #

20051374



04-29-2005 90054 027 ****50.00

FILED
Apr 29, 2005 8:00 am
Secretary of State