

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

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**

20051374



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03212005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
20-0766335

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New 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
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☐ Delete

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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

4/27/05

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

Date

Daytime Phone #