

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90049 002 ****50.00

DOCUMENT # L05000067477

1. Entity Name
DR. MANOHAR G. REDDY, MD, PLC



Principal Place of Business
**824 CHATSWORTH DRIVE
MELBOURNE, FL 32940**

Mailing Address
**824 CHATSWORTH DRIVE
MELBOURNE, FL 32940**

60043649



2. Principal Place of Business - No P.O. Box #
2551 W EAU GALLIE BLVD

3. Mailing Address
2551 W EAU GALLIE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04152007 Chg-LLC CR2E083 (12/06)

City & State
MELBOURNE FL

City & State
MELBOURNE FL

4. FEI Number
20-3249902

Applied For
Not Applicable

Zip
32935

Country
US

Zip
32935

Country
US

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

6. Name and Address of Current Registered Agent

**GEMMELL, MICHAEL S
MICHAEL S. GEMMELL
2077 SEAWIND COURT
INDIALANTIC, FL 32903**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
REDDY, MANOHAR G MD
824 CHATSWORTH DR
MELBOURNE, FL 32940** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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CITY - ST - ZIP ☐ Change ☐ Addition

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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 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Manohar Reddy*; **MANOHAR G. REDDY**; 4/26/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #