

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000078239

FILED  
Aug 08, 2006  
Secretary of State

**Entity Name:** RELIANT MEDICAL GROUP, LLC

**Current Principal Place of Business:**

2620 NW 15TH COURT  
POMPANO BEACH, FL 33069

**New Principal Place of Business:**

**Current Mailing Address:**

2620 NW 15TH COURT  
POMPANO BEACH, FL 33069

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MITHAVAYANI, ANWAR  
9240 NW 44TH COURT  
CORAL SPRINGS, FL 33065 US

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:**

**ADDITIONS/CHANGES:**

Title: MGR ( ) Delete  
Name: MITHAVAYANI, ANWAR  
Address: 9240 NW 44TH COURT  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Delete  
Name: MITHAVAYANI, GULSHAKAR  
Address: 9240 NW 44TH COURT  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: ANWAR MITHAVAYANI

D

08/08/2006

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