## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000089470

**Current Principal Place of Business:** 

Entity Name: ZEPHYRHILLS MEDICAL ARTS, L.L.C.

FILED Apr 26, 2008 Secretary of State

12126 COBBLESTONE DR. HUDSON, FL 34667		7323 GREEN SLOPE DRIVE ZEPHRYHILLS, FL 33541 US		
Current Mailing Address:		New Mailing Address:		
12126 COBBLESTONE DR. HUDSON, FL 34667		12126 COBBLESTONE DRIVE HUDSON, FL 34667		
FEI Number: 20-3615993	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
RAMAPPA, GOGI M 12136 COBBLESTONE HUDSON, FL 34667	DRIVE US			
The above named entity in the State of Florida.	submits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	

## MANAGING MEMBERS/MANAGERS:

SIGNATURE:

() Delete RAMAPPA, GOGI M Name:

12136 COBBLESTONE DRIVE Address:

City-St-Zip:

Title: Name:

ADDITIONS/CHANGES:

**New Principal Place of Business:** 

() Change () Addition

Date

Address: HUDSON, FL 34667 City-St-Zip:

Electronic Signature of Registered Agent

I hereby certify that the information supplied with this filing does not qualify 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: GOGI M RAMAPPA 04/26/2008