

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000089470

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

7323 GREEN SLOPE DRIVE  
ZEPHYRHILLS, FL 33541 US

**New Principal Place of Business:**

**Current Mailing Address:**

12126 COBBLESTONE DRIVE  
HUDSON, FL 34667

**New Mailing Address:**

**FEI Number:** 20-3615993

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAMAPPA, GOGI M  
12136 COBBLESTONE DRIVE  
HUDSON, FL 34667 US

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

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:**

Title: D  
Name: RAMAPPA, GOGI M  
Address: 12136 COBBLESTONE DRIVE  
City-St-Zip: HUDSON, FL 34667

I hereby 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

D

04/29/2011

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