2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

3.

FILED
Mar 30, 2007 8:00 am
Secretary of State
03-15-2007 90132 048 ****50.00

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1. Entity Name
SUNIL BANDARUPALLI, M.D., P.L.C.

Principal Place of Business	Mailing Address
1 DARREN DRIVE SHREWSBURY, MA 01545	1 DARREN DRIVE SHREWSBURY, MA 01545

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2009 Golf Manor Blvd	2009 Golf Manor Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Valrico FL	City & State: Valrico FL
Zip: 33594 / Country: USA	Zip: 33594 / Country: USA

4. FEI Number 06-1784148 ☐ Applied For ☐ Not Applicable

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
GASSMAN, ALAN S ESQ. 1245 COURT STRRET, STE. 102 CLEARWATER, FL 33756	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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BANDARUPALLI, SUNIL M.D. 1 DARREN DRIVE SHREWSBURY, MA 01545 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 2009 Golf Manor Blvd Valrico, FL 33594
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] SUNIL BANDARUPALLI 3/13/07 813 425 3386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #