
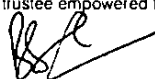


FILED
Mar 17, 2008 8:00 am
Secretary of State

60015281

DOCUMENT # L06000059512		03-17-2008 90263 020 ***138.75	
1. Entity Name SUNIL BANDARUPALLI, M.D., P.L.C.			
Principal Place of Business 2009 GOLF MANOR BLVD VALRICO, FL 33594		Mailing Address 2009 GOLF MANOR BLVD VALRICO, FL 33594	
2. Principal Place of Business - No P.O. Box # 16116 Ternglade Dr		3. Mailing Address 16116 Ternglade Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lithia, FL		City & State Lithia, FL	
Zip 33547 Country USA		Zip 33547 Country USA	
4. FEI Number 06-1784148		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GASSMAN, ALAN S ESQ. 1245 COURT STREET, STE. 102 CLEARWATER, FL 33756		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		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. 2009 GOLF MANOR BLVD VALRICO, FL 33594		TITLE NAME STREET ADDRESS CITY-ST-ZIP 16116 Ternglade Drive Lithia, FL 33547	
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: 		3/14/08 813 431 1522	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	