

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000103171

FILED  
Jan 06, 2008  
Secretary of State

**Entity Name:** HEALTHCARE ASSOCIATES OF PASCO, L.L.C.

**Current Principal Place of Business:**

6811 STATE ROUTE 54  
NEW PORT RICHEY, FL 34653

**New Principal Place of Business:**

**Current Mailing Address:**

1162 ALTERNATE 19 N.  
HOLIDAY, FL 34691

**New Mailing Address:**

**FEI Number:** 26-1238287

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GASSMAN, ALAN S  
1245 COURT STREET  
SUITE 102  
CLEARWATER, FL 33756 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: MGR ( ) Delete  
Name: PATEL, RAJESH V  
Address: 1162 ALTERNATE 19 N.  
City-St-Zip: HOLIDAY, FL 34691

Title: MGR ( ) Delete  
Name: MACCHAR, PRAKASH  
Address: 1162 ALTERNATE 19 N.  
City-St-Zip: HOLIDAY, FL 34691

**ADDITIONS/CHANGES:**

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

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

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: RAJESH V PATEL

MGR

01/06/2008

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