

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000103171

FILED
Jan 23, 2009
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:

PATEL, RAJESH V
1162 ALTERNATE 19 NORTH
HOLIDAY, FL 34691 US

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: RAJESH V PATEL

01/23/2009

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

DR.

01/23/2009

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