

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000103171

**FILED**  
**Mar 15, 2011**  
**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:**

PATEL, RAJESH V  
1162 ALTERNATE 19 NORTH  
HOLIDAY, FL 34691 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  
**Name:** PATEL, RAJESH V  
**Address:** 1162 ALTERNATE 19 N.  
**City-St-Zip:** HOLIDAY, FL 34691

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

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:** RAJESH V PATEL

DR

03/15/2011

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