

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000087527

Entity Name: SHRI HARI CLINIC, LLC

FILED  
Jun 23, 2009  
Secretary of State

**Current Principal Place of Business:**

2200 S. FRENCH AVENUE  
SANFORD, FL 32771

**New Principal Place of Business:**

**Current Mailing Address:**

3780 S. CLYDE MORRIS BLVD  
#901  
PORT ORANGE, FL 32129

**New Mailing Address:**

FEI Number: 26-3371639      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

PATEL, RAMESH A  
2200 S. FRENCH AVENUE  
SANFORD, FL 32771      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, RAMESH A  
Address: 2200 S. FRENCH AVENUE  
City-St-Zip: SANFORD, FL 32771

Title: MGR      ( ) Delete  
Name: PATEL, NITABEN  
Address: 2200 S. FRENCH AVE  
City-St-Zip: SANFORD, FL 32771

**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: RAMESH PATEL

MD

06/23/2009

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