

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000087527

Entity Name: SHRI HARI CLINIC, LLC

FILED  
Jul 09, 2010  
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:**

824 BLAIRMONT LANE, LAKE  
LAKE MARY, FL 32746 US

FEI Number: 26-3371639

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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: RAMESH A PATEL

MGR

07/09/2010

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