2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 20, 2012
Secretary of State

DOCUMENT# L11000059118

Entity Name: SANJAY TRIVEDI M.D. LLC

Current Principal Place of Business:

624 FENWICK LN
JACKSONVILLE, FL 32259

New Principal Place of Business:

Current Mailing Address:

624 FENWICK LN
JACKSONVILLE, FL 32259

New Mailing Address:

FEI Number: 45-2321440 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TRIVEDI, SANJAY DR.
624 FENWICK LN
JACKSONVILLE, FL 32259 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: MGRM
Name: TRIVEDI, SANJAY DR.
Address: 624 FENWICK LN
City-St-Zip: JACKSONVILLE, FL 32259

Title: MS
Name: TRIVEDI, SAPNA
Address: 624 FENWICK LN
City-St-Zip: JACKSONVILLE, FL 32259

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 Statues.

SIGNATURE: SANJAY TRIVEDI DR. 05/20/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date