2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2004 8:00 am
Secretary of State
02-05-2004 90079 014 ****50.00

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1. Entity Name
PASCO-HERNANDO SURGICAL ASSOCIATES, P.L.

Principal Place of Business	Mailing Address
14100 FIVAY ROAD, SUITE 320 HUDSON, FL 34667	14100 FIVAY ROAD, SUITE 320 HUDSON, FL 34667

01062004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
7515 STATE RD. 52	7515 STATE RD 52
Suite, Apt. #, etc.: SUITE 102	Suite, Apt. #, etc.: SUITE 102
City & State: HUDSON FL.	City & State: HUDSON FL.
Zip: 34667 Country: U.S.A.	Zip: 34667 Country: U.S.A.

4. FEI Number: 59-3406993 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PIDURU, MALLIK A MD
14100 FIVAY RD
STE 320
HUDSON, FL 34667

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 7515 STATE RD. 52
SUITE 102
City: HUDSON FL Zip Code: 34667

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature] 2-2-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PIDURU, MALLIK A M.D. 14100 FIVAY ROAD, SUITE 320 HUDSON, FL 34667 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 7515 STATE RD 52 SUITE 102, HUDSON FL 34667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

MALLIK A. PIDURU, M.D.

SIGNATURE: [signature] MANAGING PARTNER 1-28-2004 / 727-863-0008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #