2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L98000003159

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

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

Mailing Address
14100 FIVAY ROAD, SUITE 320
HUDSON, FL 34667

01062004 Chg-LLC CR2E083 (10/03)

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

3. Mailing Address
7515 STATE RD 52
Suite, Apt. #, etc.
SUITE 102
City & State
HUDSON FL.
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 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

TITLE	MGR	☐ Delete
NAME	PIDURU, MALLIK A M.D.	
STREET ADDRESS	14100 FIVAY ROAD, SUITE 320	
CITY-ST-ZIP	HUDSON, FL 34667	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☒ Change ☐ Addition
NAME		
STREET ADDRESS	7515 STATE RD 52	
CITY-ST-ZIP	SUITE 102, HUDSON FL 34667	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.
MANAGING PARTNER 1-28-2004 / 727-863-0008

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #