


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 10, 2005 08:00 AM
Secretary of State

DOCUMENT # L98000003159 1. Entity Name PASCO-HERNANDO SURGICAL ASSOCIATES, P.L.	
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Principal Place of Business 7515 STATE RD. 52 SUITE 102 HUDSON, FL 34667	Mailing Address 7515 STATE RD. 52 SUITE 102 HUDSON, FL 34667
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DO NOT WRITE IN THIS SPACE



02032005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3406993	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PIDURU, MALLIK A MD
7515 STATE RD. 52
STE 102
HUDSON, FL 34667

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

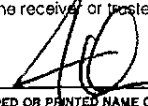
**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PIDURU, MALLIK A M.D. 7515 STATE RD 52 HUDSON, FL 34667
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03/10/05-80057-008 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE:  Mallik Piduru 3/4/2005 727 863 0008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #