

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000013943

Entity Name: MADHU GOYAL, M.D., P.L.C.

Current Principal Place of Business:

34653 US HIGHWAY 19
PALM HARBOR, FL 34684

Current Mailing Address:

2973 KENSINGTON TRACE
TARPON SPRINGS, FL 34688 US

FEI Number: 01-0706067

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GASSMAN, ALAN S ESQ
1245 COURT STREET, SUITE 102
CLEARWATER, FL 33756 US

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

Authorized Person(s) Detail :

Title MGRM
Name GOYAL, MADHU M.D.
Address 34653 US HIGHWAY 19
City-State-Zip: PALM HARBOR FL 34684

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MADHU GOYAL

PRESIDENT

01/24/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date