

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 07, 2003 8:00 am**  
**Secretary of State**

08-07-2003 90095 001 \*\*\*150.00

902030

**DOCUMENT # L02000016774**

1. Entity Name  
**DEAN J. GOBO, M.D. NEUROSURGERY CONSULTANTS, P.L**



Principal Place of Business <b>32615 U.S. HIGHWAY 19 NORTH SUITE 5 PALM HARBOR FL 34684 US</b>	Mailing Address <b>32615 U.S. HIGHWAY 19 NORTH SUITE 5 PALM HARBOR FL 34684 US</b>
---	---

**55053537**



2. Principal Place of Business <b>646 VIRGINIA ST. SUITE, Apt. #, etc. SUITE 600 City &amp; State Dunedin, FL</b>	3. Mailing Address <b>646 VIRGINIA ST. SUITE, Apt. #, etc. SUITE 600 City &amp; State Dunedin, FL</b>
--	--

CHECK HERE IF MAKING CHANGES

4. FEI Number <b>01-0729251</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required
---

6. Name and Address of Current Registered Agent  
**GASSMAN, ALAN S  
1245 COURT STREET  
SUITE 102  
CLEARWATER FL 34683**

7. Name and Address of New Registered Agent  
Name **CHARLES J. COLBASSANI**  
Street Address (P.O. Box Number is Not Acceptable)  
**646 VIRGINIA ST.  
SUITE 600**  
City **DUNEDIN** FL Zip Code **34698**

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 **CHARLES J. COLBASSANI, ADMINISTRATION 8-4-03**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR GOBO, DEAN J M.D. 32615 U.S. HIGHWAY 19 N., SUITE 5 PALM HARBOR FL 34683</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>646 VIRGINIA ST., STE 600 DUNEDIN, FL 34698</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: **CHARLES J. COLBASSANI**  
**ADMINISTRATION 08-01-03 (727)733-4111**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)