

# 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

**DOCUMENT # L02000016774**

1. Entity Name

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



Principal Place of Business

**32615 U.S. HIGHWAY 19 NORTH  
SUITE 5  
PALM HARBOR FL 34684  
US**

Mailing Address

**32615 U.S. HIGHWAY 19 NORTH  
SUITE 5  
PALM HARBOR FL 34684  
US**

2. Principal Place of Business

**646 VIRGINIA ST.**

3. Mailing Address

**646 VIRGINIA ST.**

Suite, Apt. #, etc.

**SUITE 600**

Suite, Apt. #, etc.

**SUITE 600**

City & State

**Dunedin, FL**

City & State

**Dunedin, FL**

Zip

**34698**

Country

**Pinellas**

Zip

**34698**

Country

**Pinellas**

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

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

**CHARLES J. COLBASSANI, ADMINISTRATOR 8-4-03**

(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
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
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:** *[Signature]* **CHARLES J. COLBASSANI**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**08-01-03 (727) 733-4111**

CR2E083 (4/03)