

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004546

1. Entity Name
FLORIDA PEDIATRIC ASSOCIATES, LLC

FILED

01 MAY 11 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 880 SIXTH STREET SOUTH SUITE 110 ST PETERSBURG FL 33701	Mailing Address 880 SIXTH STREET SOUTH SUITE 110 ST PETERSBURG FL 33701
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3490927		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
ELINGER, JOHN H 880 SIXTH STREET SOUTH SUITE 110 ST PETERSBURG FL 33701				Name Albert Saltiel							
				Street Address (P.O. Box Number is Not Acceptable) 880 6th Street So. Suite 110							
				City St. Petersburg				FL		Zip Code 33701	

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.

SIGNATURE DATE **4-27-01**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FLORIDA PEDIATRIC RADIOLOGY, P.A.			NAME			
STREET ADDRESS	880 SIXTH STREET SOUTH SUITE 290			STREET ADDRESS	Suite 110		
CITY-ST-ZIP	ST PETERSBURG FL 33701			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	M. W. MORRIS, M.D., INC.			NAME			
STREET ADDRESS	1800 NINTH STREET NORTH			STREET ADDRESS	000004383930--7		
CITY-ST-ZIP	ST PETERSBURG FL 33704			CITY-ST-ZIP	-06/08/01--01079--019		
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ANESTHESIA CARE EXPERTS			NAME			
STREET ADDRESS	880 SIXTH STREET SOUTH, #110			STREET ADDRESS	*****50.00 *****50.00		
CITY-ST-ZIP	ST PETERSBURG FL 33701			CITY-ST-ZIP			
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	INTENSIVE CARE SERVICES ASSOCIATES, PA			NAME			
STREET ADDRESS	880 SIXTH STREET SOUTH, #370			STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL 33701			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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.

SIGNATURE: DATE: **4-27-01** DAYTIME PHONE #: **717-892-4335**

SIGNATURE REQUIRED