

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000072029

1. Entity Name

SOUTH PINELLAS AFFILIATED PHYSICIANS, INC.

**FILED**  
**May 22, 2000 8:00 am**  
**Secretary of State**

05-22-2000 90077 044 \*\*\*150.00

Principal Place of Business

10901 ROOSEVELT BLVD  
#300-B  
ST PETERSBURG FL 33716  
US

Mailing Address

10901 ROOSEVELT BLVD  
#300-B  
ST PETERSBURG FL 33716-2305  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3289455

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHAMP, ANN L

~~716 NINETH STREET NORTH~~  
ST. PETERSBURG FL 33705

Name

PATELLA, CYNTHIA A.

Street Address (P.O. Box Number is Not Acceptable)

~~10901 ROOSEVELT BLVD~~

SUITE 300-B

City

ST. PETERSBURG

FL

Zip Code

33716-2305

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/28/00  
DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME KRAUSE, MD JAMES  
STREET ADDRESS 1099 5TH AVENUE NORTH  
CITY-ST-ZIP ST PETERSBURG FL 33705

TITLE D ☒ Delete  
NAME NORSTEIN, MARK  
STREET ADDRESS 1100 62ND AVENUE SOUTH  
CITY-ST-ZIP ST PETERSBURG FL 33705

TITLE D ☒ Delete  
NAME HEMSATH, MD RANDALL  
STREET ADDRESS 601 7TH STREET SOUTH  
CITY-ST-ZIP ST PETERSBURG FL 33701

TITLE D ☒ Delete  
NAME SEDER, HAROLD M  
STREET ADDRESS 601 7TH STREET SOUTH  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D ☐ Delete  
NAME PRAYER, JOEL M  
STREET ADDRESS 5101 BRITTANY DRIVE SOUTH  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Change ☒ Addition  
NAME OLDENSKI, RICHARD  
STREET ADDRESS 4951 34th STREET SOUTH  
CITY-ST-ZIP ST. PETERSBURG, FL 33711

TITLE D ☐ Change ☒ Addition  
NAME KOCH, ROBERT  
STREET ADDRESS 1099 5TH AVENUE NORTH  
CITY-ST-ZIP ST. PETERSBURG, FL 33705

TITLE D ☐ Change ☒ Addition  
NAME COHEN, STEVEN  
STREET ADDRESS 601 7th STREET SOUTH  
CITY-ST-ZIP ST. PETERSBURG, FL 33701

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00  
Date

Daytime Phone #

CR2E034 (9/99)