

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90005 037 ***150.00

DOCUMENT # P94000072029

1. Entity Name

SOUTH PINELLAS AFFILIATED PHYSICIANS, INC.

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

US

2. Principal Place of Business

601 7th ST S

3. Mailing Address

601 7th ST S

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST Petersburg FL

City & State

ST Petersburg FL

Zip

33701

Country

USA

Zip

33701

Country

USA

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

HARRIS, FRED F JR.
101 EAST COLLEGE AVE.
TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

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)

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, 2001 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	<input type="checkbox"/> Delete
NAME	KRAUSE, MD JAMES	
STREET ADDRESS	1099 5TH AVENUE NORTH	
CITY-ST-ZIP	ST PETERSBURG FL 33705	
TITLE	D	<input type="checkbox"/> Delete
NAME	OLDENSKI, RICHARD	
STREET ADDRESS	4951 34TH ST. S.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33711	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KOCK, ROBERT	
STREET ADDRESS	1099 5TH AVE-N	
CITY-ST-ZIP	SAINT PETERSBURG FL 33705	
TITLE	D	<input type="checkbox"/> Delete
NAME	COHEN, STEVEN	
STREET ADDRESS	601 7TH STREET SOUTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRAWER, JOEL M	
STREET ADDRESS	5101 BRITTANY DRIVE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Krause, James	
STREET ADDRESS	601 7th ST S.	
CITY-ST-ZIP	ST Petersburg FL 33701	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gary Osher	
STREET ADDRESS	601 7th ST S	
CITY-ST-ZIP	ST Petersburg FL 33701	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

JAMES KRAUSE 4/18/01

Date

727-824.7146

Daytime Phone #

CR2E034 (10/00)