

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P95000033503**

1. Entity Name  
**PINELLAS SURGICAL ASSOCIATES, INCORPORATED**



Principal Place of Business  
**4801 49TH STREET NORTH  
ST. PETERSBURG, FL 33709**

Mailing Address  
**4801 49TH STREET NORTH  
ST. PETERSBURG, FL 33709**



01182005 No Chg-P CR2E034 (10/03)

4. FEI Number  
**59-3312447**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**COLEN, GERALD  
7243 BRYAN DAIRY RD  
LARGO, FL 33777**

**DO NOT WRITE  
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE DP  
NAME RAVINDRA, NAGELLA MD  
STREET ADDRESS 4801 49TH ST. NO  
CITY-ST-ZIP ST PETERSBURG, FL

TITLE DVP  
NAME NANDA, MANU MD  
STREET ADDRESS 4801 49TH ST. NORTH  
CITY-ST-ZIP ST PETERSBURG, FL

TITLE S  
NAME LI, ALBERT DR  
STREET ADDRESS 4801 49TH ST N  
CITY-ST-ZIP ST PETE, FL 33709

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000203488  
01/29/05-80032-012 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 10 or Block 11 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

1/18/05 727 526 3468  
Date Daytime Phone #