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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
601 7th ST S	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

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

7. Name and Address of New Registered Agent

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] JAMES KRAUSE 4/18/01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRAUSE, MD JAMES 1099 5TH AVENUE NORTH ~~ST PETERSBURG FL 33705~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Krause, James 601 7th ST S. St Petersburg FL 33701	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OLDENSKI, RICHARD 4951 34TH ST. S. SAINT PETERSBURG FL 33711	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~KOCK, ROBERT~~ ~~1099 5TH AVE. N.~~ SAINT PETERSBURG FL 33705	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Gary Oshes 601 7th ST S St Petersburg FL 33701	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COHEN, STEVEN 601 7TH STREET SOUTH SAINT PETERSBURG FL 33701	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PRAWER, JOEL M 5101 BRITTANY DRIVE SOUTH ST. PETERSBURG FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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] JAMES KRAUSE 4/18/01 727-824.7146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #