

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000033503

Entity Name: PINELLAS SURGICAL ASSOCIATES, INCORPORATED**Current Principal Place of Business:**4801 49TH STREET NORTH
ST. PETERSBURG, FL 33709**Current Mailing Address:**4801 49TH STREET NORTH
ST. PETERSBURG, FL 33709**FEI Number: 59-3312447****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**RAVINDRA, NAGELLA M.D.
1223 DARLINGTON OAK CIRCLE NE
ST PETERSBURG, FL 33703 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DP
Name	RAVINDRA, NAGELLA MD
Address	4801 49TH ST. NO
City-State-Zip:	ST PETERSBURG FL 33709

Title	S
Name	LI, ALBERT DR
Address	4801 49TH ST N
City-State-Zip:	ST PETE FL 33709

Title	S
Name	COUCH, MATTHEW H DR.
Address	4801 49TH ST N
City-State-Zip:	ST PETERSBURG FL 33709

Title	T
Name	LI, ALBERT DR
Address	4801 49TH ST N
City-State-Zip:	ST. PETERSBURG FL 33709

Title	ASST. SECRETARY
Name	LOGAN, MELISSA SAMS DR.
Address	4801 49TH STREET NORTH
City-State-Zip:	ST. PETERSBURG FL 33709

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: NAGELLA RAVINDRA**PRESIDENT****01/23/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date