

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000116997

**FILED**  
**Jan 07, 2019**  
**Secretary of State**  
**4586516768CC**

**Entity Name:** PINELLAS COUNTY PRIMARY CARE AND HOSPITALISTS, PLLC

**Current Principal Place of Business:**

516 LAKEVIEW RD  
BLDG 4  
CLEARWATER, FL 33756

**Current Mailing Address:**

516 LAKEVIEW RD  
BLDG 4  
CLEARWATER, FL 33756 US

**FEI Number:** 47-4594025

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WANGER, MICHAEL P MD  
516 LAKEVIEW RD  
BLDG 4  
CLEARWATER, FL 33756 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

**Authorized Person(s) Detail :**

Title MGRM  
Name WANGER, MICHAEL  
Address 516 LAKEVIEW RD  
BLDG #4  
City-State-Zip: CLEARWATER FL 33756

Title MGRM  
Name FEINGOLD, HOWARD  
Address 516 LAKEVIEW RD SUITE 4  
City-State-Zip: CLEARWATER FL 33756

Title MGRM  
Name NOSEK, DANIEL  
Address 612 DRUID RD E SUITE B  
City-State-Zip: CLEARWATER FL 33756

Title MGRM  
Name MAY, ANA  
Address 612 DRUID RD EAST SUITE B  
City-State-Zip: CLEARWATER FL 33756

Title MGRM  
Name FOX, JOHN  
Address 612 DRUID RD E SUITE B  
City-State-Zip: CLEARWATER FL 33756

Title PRACTICE MANAGER  
Name CARLSON, KELLY  
Address 516 LAKEVIEW RD  
BLDG #4  
City-State-Zip: CLEARWATER FL 33756

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** KELLY CARLSON

**PRACTICE MANAGER**

**01/07/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date