

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000116997

FILED
Jan 18, 2022
Secretary of State
3634699061CC

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

ADMINISTRATOR

01/18/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date