2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State
01-27-2003 90359 046 ***150.00

DOCUMENT # 601586

1. Entity Name
SUNCOAST INTERNAL MEDICINE CONSULTANTS, P.A.

Principal Place of Business	Mailing Address
136444 WALSINGHAM RD LARGO FL 33774 US	13644 WALSINGHAM RD LARGO FL 33774 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1273247 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WINGFIELD, C. DAVID
13644 WALSINGHAM RD.
LARGO FL 33774

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Robert L. DiGiovanni D.O. president 1/20/03
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, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WINGFIELD, C DAVID 13644 WALSINGHAM RD LARGO, FL 00000	☐ Delete	PRESIDENT DIGIOVANNI, ROBERT L. 13644 WALSINGHAM ROAD LARGO FL 33774	(A) Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KUDELKO, PAUL E 13644 WALSINGHAM RD LARGO, FL 00000	☐ Delete	VPD WALSH, RONALD L SAME AS ABOVE	(A) Change (A) Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIGIOVANNI, ROBERT L. 13644 WALSINGHAM ROAD LARGO FL	☐ Delete	TD/SD MAXFIELD, DANE L. SAME AS ABOVE	(A) Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MAXFIELD, DANE L 13644 WALSINGHAM RD LARGO, FL 00000	☐ Delete	D KUDELKO, PAUL E SAME AS ABOVE	(A) Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD OTTAVIANI, A N 13644 WALSINGHAM RD LARGO, FL 00000	☐ Delete	D OTTAVIANI, ANTHONY N. SAME AS ABOVE	(A) Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LITTLEFIELD, JERRY M. 13644 WALSINGHAM ROAD LARGO FL	☐ Delete	D LITTLEFIELD, JERRY M. SAME AS ABOVE (CONTINUED)	☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert L. DiGiovanni D.O. pres. 1/20/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # (727) 585-2519

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Attachment

800157753

DOCUMENT # 601586

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SUNCOAST INTERNAL MEDICINE CONSULTANTS, P.A.

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6. Name and Address of Current Registered Agent

WINGFIELD, C. DAVID
13644 WALSINGHAM RD.
LARGO FL 33774

7. Name and Address of New Registered Agent

Name: DIGIOVANNI, ROBERT L.
Street Address (P.O. Box Number is Not Acceptable): 13644 WALSINGHAM ROAD
City: LARGO FL 33774
FL
Zip Code

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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WINGFIELD, C DAVID 13644 WALSINGHAM RD LARGO, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHAMBERLAIN, KERRY E. SAME AS ABOVE	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KUDELKO, PAUL E 13644 WALSINGHAM RD LARGO, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WORTH, RANDAL B. SAME AS ABOVE	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIGIOVANNI, ROBERT L. 13644 WALSINGHAM ROAD LARGO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KROLICK MERRILL A SAME AS ABOVE	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MAXFIELD, DANE L 13644 WALSINGHAM RD LARGO, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NAMEY, JOSEPH E. JR. SAME AS ABOVE	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD OTTAVIANI, A N 13644 WALSINGHAM RD LARGO, FL 00000	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LITTLEFIELD, JERRY M. 13644 WALSINGHAM ROAD LARGO FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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SIGNATURE: Robert L. DiGiovanni, D.O. president 1/20/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

040745 AV

CR2E034 (10/02)

8/5/08

10 OWNERS TOTAL INCLUDING
3 OFFICERS

Attachment
901586

[redacted]

A.N. Ottaviani, DO
Pulmonary
Jerry M. Littlefield, DO
Nephrology
Kerry E. Chamberlain, DO
Hematology - Oncology
Randal G. Worth, DO
Internal Medicine
Merrill Krolick, DO
Cardiology

A. [redacted]

Paul E. Kudelko, DO
Cardiology
Dane L. Maxfield, DO – TREASURER + SECRETARY
Gastroenterology
Robert DiGiovanni, DO – PRESIDENT
Rheumatology
Ronald L. Walsh, DO – VICE PRES.
Cardiology
Joseph J. Namey, Jr., DO
Internal Medicine

[redacted]

ADDRESS FOR ALL IS 13044 WALSINGHAM ROAD
LARGO FL 33774