

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR 29 PM 12:40

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH

DOCUMENT # A98000001126

1. Entity Name  
PASCO SURGERY CENTER, LLLP



Principal Place of Business  
5923 7TH STREET  
ZEPHYRHILLS, FL 33540-3501

Mailing Address  
5923 7TH STREET  
ZEPHYRHILLS, FL 33540-3501

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  
59-3510176

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AYLWARD, ROBERT E  
600 S. MAGNOLIA AVE., SUITE 100  
TAMPA, FL 33606

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record. \$346,424.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL DEPT OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME KAUFMAN, STUART J M.D.  
STREET ADDRESS 6329 GALL BLVD.  
CITY-STATE-ZIP ZEPHYRHILLS, FL 33540

STREET ADDRESS  
CITY-STATE-ZIP

DOCUMENT #  
NAME CORTELLI, LEONARD E JR., MD  
STREET ADDRESS 13602 NORTH 46TH STREET  
CITY-STATE-ZIP TAMPA, FL 33613

STREET ADDRESS  
CITY-STATE-ZIP

DOCUMENT #  
NAME PUSATERI, THOMAS J M.D.  
STREET ADDRESS 13602 NORTH 46TH STREET  
CITY-STATE-ZIP TAMPA, FL 33613

STREET ADDRESS  
CITY-STATE-ZIP

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14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

Leonard E. Cortelli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/24/03

Date

813-972-4444

Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)