2000 UNIFORM BUSINESS REPORT (UBR)

214.75
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAR 22 PM 6:06

DOCUMENT # A99000001094

1. Entity Name

NORTH PINELLAS SURGERY CENTER, LTD.

Principal Place of Business	Mailing Address
33920 U.S. 19 N., SUITE 124 PALM HARBOR FL 34684	33920 U.S. 19 N., SUITE 124 PALM HARBOR FL 34684

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2323 Curlew Road	2323 Curlew Road
Suite, Apt. #, etc.: Suite 7E	Suite, Apt. #, etc.: Suite 7E
City & State: Palm Harbor, FL	City & State: Palm Harbor, FL
Zip: 34683 Country: USA	Zip: 34683 Country: USA

4. FEI Number: 59-3585728 ☐ 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
GASSMAN, ALAN S 1245 COURT STREET, SUITE 102 CLEARWATER FL 33756	Name: CHARLES JACOBSON Street Address (P.O. Box Number is Not Acceptable): C/O JACOBSON CONSULTING, INC. 2323 CURLEW, ROAD, SUITE 7E City: PALM HARBOR FL Zip Code: 34683

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.

SIGNATURE: Charles Jacobson — CHARLES JACOBSON — 2/18/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$18,000.00	$18,000.00	

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: TAUNK, JAWAHAR MD STREET ADDRESS: 2595 TAMPA ROAD, SUITE E CITY-ST-ZIP: PALM HARBOR FL 34684	STREET ADDRESS CITY-ST-ZIP 3/22
DOCUMENT # NAME: GOYAL, ANOOP MD STREET ADDRESS: 1162 ALT 19 N. CITY-ST-ZIP: HOLIDAY FL 34691	STREET ADDRESS: AR - 126 CITY-ST-ZIP: ARSVD 88.75 BK
DOCUMENT # NAME: LOEBENBERG, MICHAEL MD STREET ADDRESS: 1831 N. BELCHER ROAD, SUITE A-3 CITY-ST-ZIP: CLEARWATER FL 33765	STREET ADDRESS: 600003184686 CITY-ST-ZIP
DOCUMENT # NAME: BABAIAN, MANUEL MD STREET ADDRESS: 2595 TAMPA ROAD, SUITE E CITY-ST-ZIP: PALM HARBOR FL 34684	STREET ADDRESS: FCR000311846866 2 -03/27/00--01017--002 ****267.25 ****214.75 CITY-ST-ZIP
DOCUMENT # NAME: KLIBANOFF, ALAN MD STREET ADDRESS: 33920 U.S. 19 NORTH, SUITE 124 CITY-ST-ZIP: PALM HARBOR FL 34684	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME: ZEITLIN, LARRY MD STREET ADDRESS: 33920 U.S. 19 N., SUITE 124 CITY-ST-ZIP: PALM HARBOR FL 34684	STREET ADDRESS: BK 3/30 CITY-ST-ZIP

CR2E003 (9/99)

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: SIGNATURE REQUIRED — RICHARD LACAMERA, M.D., GEN. PTNR. — 727-785-7654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date: 2/18/00 — Daytime Phone #