

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A99000001094

1. Entity Name
NORTH PINELLAS SURGERY CENTER, LTD., L.L.P.

FILED

2001 APR 19 AM 10:43

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 2323 CURLEW ROAD, SUITE 7-E, PALM HARBOR FL 34683
Mailing Address: 2323 CURLEW ROAD, SUITE 7-E, PALM HARBOR FL 34683

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
City & State: _____
Zip: _____ Country: _____
Zip: _____ Country: _____

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
**JACOBSON, CHARLES
C/O JACOBSON CONSULTING, INC.
2323 CURLEW ROAD, SUITE 7-E
PALM HARBOR FL 34683**

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.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. Capital Contributions as Shown on record: **\$88,000.00**
10. Amount of Capital Contributions in FLORIDA to date: **\$408,000.00**
11. MAKE CHECK PAYABLE TO 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	
DOCUMENT #	TAUNK, JAWAHAR MD
NAME	2595 TAMPA ROAD, SUITE E
STREET ADDRESS	PALM HARBOR FL 34684
CITY-ST-ZIP	
DOCUMENT #	GOYAL, ANOOP MD
NAME	1162 ALT 19 N.
STREET ADDRESS	HOLIDAY FL 34691
CITY-ST-ZIP	
DOCUMENT #	LOEBENBERG, MICHAEL MD
NAME	1831 N. BELCHER ROAD, SUITE A-3
STREET ADDRESS	CLEARWATER FL 33765
CITY-ST-ZIP	
DOCUMENT #	BABAIA, MANUEL MD
NAME	2595 TAMPA ROAD, SUITE E
STREET ADDRESS	PALM HARBOR FL 34684
CITY-ST-ZIP	
DOCUMENT #	KLIBANOFF, ALAN MD
NAME	33920 U.S. 19 NORTH, SUITE 124
STREET ADDRESS	PALM HARBOR FL 34684
CITY-ST-ZIP	
DOCUMENT #	ZEITLIN, LARRY MD
NAME	33920 U.S. 19 N., SUITE 124
STREET ADDRESS	PALM HARBOR FL 34684
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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Handwritten: \$526.25

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: *Richard LaCamera* SIGNATURE REQUIRED **Richard LaCamera, M.D.** 4/2/01 727-785-7654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)