

2001 UNIFORM BUSINESS REPORT (UBR)

001433 AF

DOCUMENT # A99000001094

1. Entity Name

NORTH PINELLAS SURGERY CENTER, LTD., LLP.

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

3. Mailing Address

Suite, Apt. #, etc.

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

7. Name and Address of New Registered Agent

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

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

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.

\$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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
TAUNK, JAWAHAR MD
2595 TAMPA ROAD, SUITE E
PALM HARBOR FL 34684

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
GOYAL, ANOOP MD
1162 ALT 19 N.
HOLIDAY FL 34691

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
LOEBENBERG, MICHAEL MD
1831 N. BELCHER ROAD, SUITE A-3
CLEARWATER FL 33765

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
BABAIA, MANUEL MD
2595 TAMPA ROAD, SUITE E
PALM HARBOR FL 34684

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
KLIBANOFF, ALAN MD
33920 U.S. 19 NORTH, SUITE 124
PALM HARBOR FL 34684

STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
ZEITLIN, LARRY MD
33920 U.S. 19 N., SUITE 124
PALM HARBOR FL 34684

STREET ADDRESS
CITY - ST - ZIP

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.

4/2/01

727-785-7654

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)

FILED

2001 APR 19 AM 10:43

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

\$526.25