2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000001094

FILED

02 APR 22 PM 12:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

001600 AT

1. Entity Name

NORTH PINELLAS SURGERY CENTER, LTD., L.L.P.

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

2. Principal Place of Business	3. Mailing Address
2323 Curlew Rd.	2323 Curlew Rd.
Suite, Apt. #, etc.: Bldg. 5	Suite, Apt. #, etc.: Bldg. 5
City & State: Dunedin, FL	City & State: Dunedin, FL
Zip: 34698 Country:	Zip: 34698 Country:

DUE BY MAY 1, 2002

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 Dunedin FL Zip Code 34698

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

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
S.R. Filed 460,000.00	$460,000.00	

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
DOCUMENT # NAME: GOYAL, ANOOP MD STREET ADDRESS: 1162 ALT 19 N. CITY-ST-ZIP: HOLIDAY FL 34691	STREET ADDRESS CITY-ST-ZIP RF $526.25
DOCUMENT # NAME: ~~LOEBENBERG, MICHAEL MD~~ John Ahn STREET ADDRESS: 1831 N. BELCHER ROAD, SUITE A-3 1330 South Ft. CITY-ST-ZIP: CLEARWATER FL 33765 Clearwater, FL	STREET ADDRESS 1911 So Ave CITY-ST-ZIP 33756
DOCUMENT # NAME: BABAIAN, MANUEL MD Eric Steckler, M.D. STREET ADDRESS: 2595 TAMPA ROAD, SUITE E 1330 South Ft. CITY-ST-ZIP: PALM HARBOR FL 34684	STREET ADDRESS CITY-ST-ZIP 600005418196--5 -05/01/02--01069--012 ****526.25 ****526.25
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 CITY-ST-ZIP

CR2E003 (9/01)

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 La Camera (727)785-7654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #