

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# A99000001094

FILED  
Feb 13, 2003  
Secretary of State

**Entity Name:** NORTH PINELLAS SURGERY CENTER, LTD., L.L.P.

**Current Principal Place of Business:**

2323 CURLEW ROAD, BLDG. 5  
DUNEDIN, FL 34698

**New Principal Place of Business:**

**Current Mailing Address:**

2323 CURLEW ROAD, BLDG. 5  
DUNEDIN, FL 34698

**New Mailing Address:**

**FEI Number:** 59-3585728

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

JACOBSON, CHARLES  
C/O JACOBSON CONSULTING, INC.  
2323 CURLEW ROAD, SUITE 7-E  
DUNEDIN, FL 34698 US

**Name and Address of New Registered Agent:**

BENNETT, NANCY  
2323 CURLEW ROAD, BLDG 5  
DUNEDIN, FL 34698 US

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: NANCY BENNETT

02/13/2003

Electronic Signature of Registered Agent

Date

**Capital Contributions as Shown on record:** 460,000.00

**Amount of Capital Contributions in Florida to date:** 460,000.00

**GENERAL PARTNER INFORMATION:**

**ADDRESS CHANGES ONLY:**

Document #:

Name: TAUNK, JAWAHAR MD  
Address: 2595 TAMPA ROAD, SUITE E  
City-St-Zip: PALM HARBOR, FL 34684

Address:  
City-St-Zip:

Document #:

Name: GOYAL, ANOOP MD  
Address: 1162 ALT 19 N.  
City-St-Zip: HOLIDAY, FL 34691

Address:  
City-St-Zip:

Document #:

Name: AHN, JOHN  
Address: 1330 SOUTH FT. HARRISON AVENUE  
City-St-Zip: CLEARWATER, FL 33756

Address:  
City-St-Zip:

Document #:

Name: STECKLER, ERIC  
Address: 1330 SOUTH FT. HARRISON AVENUE  
City-St-Zip: CLEARWATER, FL 33756

Address:  
City-St-Zip:

Document #:

Name: KLIBANOFF, ALAN MD  
Address: 33920 U.S. 19 NORTH, SUITE 124  
City-St-Zip: PALM HARBOR, FL 34684

Address:  
City-St-Zip:

Document #:

Name: ZEITLIN, LARRY MD  
Address: 33920 U.S. 19 N., SUITE 124  
City-St-Zip: PALM HARBOR, FL 34684

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: LARRY ZEITLIN

MD

02/13/2003

Electronic Signature of Signing General Partner

Date