

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000645

1. Entity Name

ST. PETERSBURG EAR, NOSE & THROAT CENTER, LLC

FILED

01 APR 12 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2299 NINTH AVENUE
ST. PETERSBURG FL 33713

Mailing Address

2299 NINTH AVENUE
ST. PETERSBURG FL 33713

2. Principal Place of Business

2299 Ninth Avenue N.

3. Mailing Address

2299 Ninth Avenue North

Suite, Apt. #, etc.

Suite 3-B

Suite, Apt. #, etc.

Suite 3-B

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

Zip

33713

Country

USA

Zip

33713

Country

USA

4. FEI Number

59-3619498

Applied For

Not Applicable

5. Certificate of Status Desired

☐ Additional Fee Required

\$5.00

6. Name and Address of Current Registered Agent

BRONSTEIN, JOEL D

150 SECOND AVENUE NORTH, SUITE 1100

ST. PETERSBURG FL 33701

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
ALAN M. GALL, MD
2299 Ninth Ave N. Suite 3-B
ST. PETERSBURG, FL 33713

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
700004037247-9
-04/20/01--01135--024
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

ALAN M. GALL, MD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-601 727-321-3344

Date

Daytime Phone #

CR2E083 (11/00)