

2001 UNIFORM BUSINESS REPORT (UBR)

0022791 AF

DOCUMENT # L00000004043

1. Entity Name
PINELLAS INDEPENDENT PHYSICIANS ASSOCIATION, LLC

FILED
01 APR -3 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
10806 U.S. HIGHWAY 19 . SUITE 102
PORT RICHEY FL 34668

Mailing Address
10806 U.S. HIGHWAY 19 . SUITE 102
PORT RICHEY FL 34668



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Zip **Country**

4. FEI Number 59-3649558 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
NAPOLITANO, PETER A ESQ.
7617 LITTLE ROAD
NEW PORT RICHEY FL 34654

7. Name and Address of New Registered Agent
Name KHAN, HAIDER
Street Address (P.O. Box Number is Not Acceptable) 10806 US 19, STE 102
City PORT RICHEY FL Zip Code 34668

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 HAIDER KHAN 1/10/01
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
800003992798--5
-04/11/01--01110--002
*****50.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

| | |
|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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10. ADDITIONS / CHANGES

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | mgr, member MITCHUM, G. LARRY 10806 US 19, STE 102 PORT RICHEY, FL 34668 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Sec / member KHAN, HAIDER 10806 US 19, STE 102 PORT RICHEY, FL 34668 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treas / member WOODS, JOHN 10806 US 19, STE 102 PORT RICHEY, FL 34668 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> 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: HAIDER KHAN 1/10/01 727 868 8373
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)