

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90041 011 ****50.00

DOCUMENT # L00000004043

1. Entity Name
PINELLAS INDEPENDENT PHYSICIANS ASSOCIATION, LLC



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**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

2435 US 19

3. Mailing Address

2435 US 19

Suite, Apt. #, etc.

Ste 450

Suite, Apt. #, etc.

Ste 450

City & State

Holiday, FL

City & State

Holiday, FL

Zip

34691

Country

Zip

34691

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

KHAN, HAIDER

10806 US 19, STE 102

PORT RICHEY FL 34668

Name

Street Address (P.O. Box Number is Not Acceptable)

2435 US 19

Ste 450

Holiday

FL

Zip Code

34691

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete

MGR
KHAN, HAIDER A
10806 US 19 STE 102
PORT RICHEY FL 34668

TITLE ☒ Delete

MGRM
KHAN, SABINA H
10806 US 19, STE 102
PORT RICHEY FL 34668

TITLE ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition

2435 US 19, Ste 450
Holiday, FL 34691

TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

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:

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

Haider A Khan **2/16/03** **227 868 8373**

Date

Daytime Phone #

CR2E083 (10/02)