9/15/2002-90090-

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000001925

1. Entity Name

ST. PETERSBURG-SUNCOAST MEDICAL GROUP, LLC

Principal Place of Business

601 SEVENTH ST. SOUTH
ST. PETERSBURG FL 33701

Mailing Address

601 SEVENTH ST. SOUTH
ST. PETERSBURG FL 33701

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State	City & State	

Zip	Country	Zip	Country

4. FEI Number 59-3410987

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BRONSTEIN, JOEL D
150 SECOND AVENUE NORTH, STE. 1100
ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name Steven Cohen, MD

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

601 7th Street South

City St. Petersburg   FL   Zip Code 33701

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)

9/11/02
DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 25, 2002

9.

8. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE President NAME Dr. Steven Cohen STREET ADDRESS 601 7th Street South CITY-ST-ZIP St. Petersburg Fl 33701	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE Vice President NAME Dr George Etter STREET ADDRESS 601 7th Street South CITY-ST-ZIP St. Petersburg Fl 33701	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE Secretary NAME Dr Nudman Hoo STREET ADDRESS 601 7th Street South CITY-ST-ZIP St. Petersburg Fl 33701	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (4/02)

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

9/11/02   727.824.7132.
Date   Daytime Phone #