

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2003 8:00 am
Secretary of State

08-07-2003 90095 001 ***150.00

DOCUMENT # L02000016775

1. Entity Name

**HAROLD J. COLBASSANI, M.D. NEUROSURGERY CONSULTA
NTS, P.L.**



Principal Place of Business

32615 U.S. HIGHWAY 19 NORTH
SUITE 5
PALM HARBOR FL 34684
US

Mailing Address

32615 U.S. HIGHWAY 19 NORTH
SUITE 5
PALM HARBOR FL 34684
US

55053535



2. Principal Place of Business

646 VIRGINIA ST.

3. Mailing Address

646 VIRGINIA ST.

Suite, Apt. #, etc.

SUITE 600

Suite, Apt. #, etc.

SUITE 600

City & State

DUNEDIN, FL

City & State

DUNEDIN, FL

Zip

34698

Country

Pinellas

Zip

34698

Country

Pinellas

4. FEI Number

01-0729202

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**GASSMAN, ALAN S ESQ.
1245 COURT STREET
SUITE 102
CLEARWATER FL 34683**

7. Name and Address of New Registered Agent

Name **CHARLES J. COLBASSANI**

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

646 VIRGINIA ST.

SUITE 600

City

DUNEDIN

FL

Zip Code

34698

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

(NOTE: Registered Agent signature required when reinstating)

08-04-03

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COLBASSANI, HAROLD J M.D. 32615 U.S. HIGHWAY 19 NORTH, SUITE 5 PALM HARBOR FL 34684	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	646 VIRGINIA ST. STE 600 DUNEDIN, FL 34698	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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
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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.

CHARLES J. COLBASSANI

SIGNATURE:

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

08-01-03 (21) 733-4157

Date

Daytime Phone #

CR2E083 (4/03)