

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

0820708

DOCUMENT # L02000016828



1. Entity Name
JED P. WEBER, M.D. NEUROSURGERY CONSULTANTS, L.L.C.

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

55053536



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
81-0559627

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]* **CHARLES J. COLBASSANI, ADMINISTRATOR** 08-04-03
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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM	WEBER, JED P M.D.	32615 U.S. HIGHWAY 19 N., SUITE 5	PALM HARBOR FL 34684	<input type="checkbox"/>
		646 VIRGINIA ST. STE 600	DUNEDIN, FL 34698	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]* **CHARLES J. COLBASSANI** 08-01-03 (727) 733-4151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)