

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000011770

FILED
Mar 20, 2012
Secretary of State

Entity Name: PINELLAS ENDOSCOPY CENTER, LLC

Current Principal Place of Business:

1099 5TH AVE NORTH
SUITE 100
ST. PETERSBURG, FL 33705

New Principal Place of Business:

560 JACKSON ST. NO.
SUITE 200
ST. PETERSBURG, FL 33705

Current Mailing Address:

1099 5TH AVE NORTH
SUITE 100
ST. PETERSBURG, FL 33705

New Mailing Address:

560 JACKSON STREET NO.
SUITE 200
ST. PETERSBURG, FL 33705

FEI Number: 20-2626180

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DESAI, CHETAN
1099 5TH AVE. NO
SUITE 100
ST. PETERSBURG, FL 33705 US

Name and Address of New Registered Agent:

DESAI, CHETAN MD
560 JACKSON STREET NORTH
SUITE 200
ST. PETERSBURG, FL 33705 US

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: CHETAN DESAI MD

03/20/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: DESAI, CHETAN MD
Address: 3901 66TH STREET NORTH, SUITE 201
City-St-Zip: ST. PETERSBURG, FL 33709

Title: MGR
Name: PATEL, GIRISH MD
Address: 212 16TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33713

Title: MGR
Name: GLAMOUR, TEJINDER MD
Address: 5800 49TH STREET NORTH, SUITE 102S
City-St-Zip: ST. PETERSBURG, FL 33709

Title: MGR
Name: JACOB, POTHEN MD
Address: 3901 66TH STREET NORTH, SUITE 201
City-St-Zip: ST. PETERSBURG, FL 33709

Title: MGR
Name: SREENATH, BELUR MD
Address: 3901 66TH STREET NORTH, SUITE 201
City-St-Zip: ST. PETERSBURG, FL 33709

Title: MGR
Name: PATEL, MIHIR MD
Address: 3901 66TH STREET NORTH, SUITE 201
City-St-Zip: ST. PETERSBURG, FL 33709

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: CHETAN DESAI MD

P

03/20/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date

01/22/2012 13:10 727

MOB ST. ANTHONY'S

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ST. PETERSBURG ENDOSCOPY CENTER

LO4-11770
3/20/12

FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
Sean Toner	Lori Knepp, RN, CGRN, BSN Administrator
COMPANY:	DATE:
Florida Department of State Divisions	3/20/2012
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
850-245-6017	1
PHONE NUMBER:	YOUR REFERENCE NUMBER:
	727 820-7500
RC:	FAX NUMBER:
LO4000011770	727 820-6333
Pinellas Endoscopy LLC	

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY

NOTES/COMMENTS

Mr. Toner,
I just filed Pinellas Endoscopy LLC corporate filing on line.
Document # LO4000011770 EFT/EIN 202626180. One additional MGR needs to be added.
Please add:
Joseph Boulay MD MGR
1201 5th Ave No. Suite 409
St. Petersburg, FL 33705
Thank you,

Lori Knepp, Administrator
St. Petersburg Endoscopy Center

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ST. PETERSBURG ENDOSCOPY CENTER
1099 5TH AVENUE NORTH - SUITE 100
ST. PETERSBURG, FLORIDA 33705