2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-02-2007 90438 014 ****50.00

DOCUMENT # L06000064300

1. Entity Name
CSA NS/SP, P.L.

Principal Place of Business
6006 49TH STREET NORTH, SUITE 310
ST. PETERSBURG, FL 33709

Mailing Address
6006 49TH STREET NORTH, SUITE 310
ST. PETERSBURG, FL 33709

03062007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

4. FEI Number 20-5132603 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

MURBACH, RICHARD M.D.
6006 49TH STREET NORTH, SUITE 310
ST. PETERSBURG, FL 33709

7. Name and Address of New Registered Agent

Name

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

City | FL | Zip Code

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

Filing Fee is $50.00
Due by May 1, 2007.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE MGRM
NAME HUGH VAN Gelder MD
STREET ADDRESS 6006 49th St. N Suite 310
CITY-ST-ZIP St. Petersburg, FL 33709
☐ Change ☑ Addition

TITLE MGR
NAME VINAY BADHWAR, MD
STREET ADDRESS 6006 49th St. N. Suite 310
CITY-ST-ZIP St. Petersburg, FL 33709
☐ Change ☑ Addition

TITLE MGR
NAME Joshua Rovin MD
STREET ADDRESS 6006 49th St N Suite 310
CITY-ST-ZIP St. Petersburg, FL 33709
☐ Change ☑ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 3/28/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #