

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000064300

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

FILED  
Apr 05, 2012  
Secretary of State

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 20-5132603

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VAN GELDER, HUGH MD  
6006 49TH STREET NORTH, SUITE 310  
ST. PETERSBURG, FL 33709 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: VAN GELDER, HUGH MD  
Address: 6006 49TH ST NORTH SUITE 310  
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: MGR  
Name: ROVIN, JOSHUA MD  
Address: 6006 49TH ST NORTH SUITE 310  
City-St-Zip: SAINT PETERSBURG, FL 33709

Title: MGR  
Name: GEORGE, KRISTOPHER MD  
Address: 6006 49TH ST NORTH SUITE 310  
City-St-Zip: ST PETERSBURG, FL 33709

Title: MGR  
Name: CAMPBELL, MATTHEW MD  
Address: 6006 49TH ST NORTH SUITE 310  
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: HUGH VAN GELDER, MD

MGRM

04/05/2012

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