

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95000000799

1. Entity Name

HERNANDO COUNTY PHYSICIANS ORGANIZATION, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 24 AM 10:42

Principal Place of Business

11375 CORTEZ BLVD.
BROOKSVILLE FL 34613

Mailing Address

P.O. BOX 5300
SPRING HILL FL 34611-5300

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

62-1621184

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHAW, JONATHAN M.D.
OAK HILL HOSPITAL
11375 CORTEZ BLVD.
BROOKSVILLE FL 34613

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.

SIGNATURE

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 Department of State

9. MANAGING MEMBERS / MEMBERS

TITLE MGR ☐ Delete
NAME CARADONNA, RICHARD M.D.
STREET ADDRESS 11367 CORTEZ BOULEVARD
CITY- ST- ZIP BROOKSVILLE FL 34613

TITLE MGR ☐ Delete
NAME BHATIA, ANIL MD
STREET ADDRESS 11345 CORTEZ BLVD.
CITY- ST- ZIP BROOKSVILLE FL 34613

TITLE MGR ☐ Delete
NAME DINAVAH, SANKARA MD
STREET ADDRESS 11321 CORTEZ BLVD.
CITY- ST- ZIP BROOKSVILLE FL 34613

TITLE MGR ☐ Delete
NAME KERO, NILOFER MD
STREET ADDRESS 11373 CORTEZ BLVD.
CITY- ST- ZIP BROOKSVILLE FL 34613

TITLE MGR ☐ Delete
NAME MILLER, CHARLES DPM
STREET ADDRESS 11373 CORTEZ BLVD., SUITE 206
CITY- ST- ZIP BROOKSVILLE FL 34613

TITLE MGR ☐ Delete
NAME SHAW, JONATHAN MD
STREET ADDRESS 11315 CORTEZ BLVD.
CITY- ST- ZIP BROOKSVILLE FL 34613

10. ADDITIONS / CHANGES

TITLE ☐ Change ☐ Addition
NAME 500003161665-4
STREET ADDRESS -03/08/00--01018--020
CITY- ST- ZIP ****100.00 *****50.00

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

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CITY- ST- ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)