

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000002309

FILED
Apr 22, 2004
Secretary of State

Entity Name: MEDICAL ASSOCIATES OF PINELLAS, L.L.C.

Current Principal Place of Business:

1064 KEENE ROAD
DUNEDIN, FL 34698

New Principal Place of Business:

Current Mailing Address:

1064 KEENE ROAD
DUNEDIN, FL 34698

New Mailing Address:

FEI Number: 59-3134166

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRONIN, KEVIN C
1064 KEENE ROAD
DUNEDIN, FL 34698 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/MEMBERS:

Title: MGRM () Delete
Name: DRUCKER, JERRY M.D.
Address: 1064 KEENE ROAD
City-St-Zip: DUNEDIN, FL 34698

Title: MGRM () Delete
Name: SCOTT, RAY D.O.
Address: 1084 KEENE ROAD
City-St-Zip: DUNEDIN, FL 34698

Title: MGRM () Delete
Name: HAMPSEY, JAMES MD
Address: 1064 KEENE ROAD
City-St-Zip: DUNEDIN, FL 34698

Title: MGRM () Delete
Name: GOODMAN, LESLIE MD
Address: 1064 KEENE ROAD
City-St-Zip: DUNEDIN, FL 34698

Title: MGRM () Delete
Name: LELLAD, VINCENT D DO
Address: CAPPELLO M.D.
City-St-Zip: DUNEDIN, FL 34698

Title: MGRM () Delete
Name: BOWMAN, STEVEN C M.D.
Address: 1064 KEENE ROAD
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: AUERBACH, DONALD D DO
Address: 1064 KEENE ROAD
City-St-Zip: DUNEDIN, FL 34698

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JERRY DRUCKER MD

MGRM

04/22/2004

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