

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2003 8:00 am**  
**Secretary of State**

02-13-2003 90022 044 \*\*\*\*50.00

**DOCUMENT # L98000002309**

1. Entity Name  
**MEDICAL ASSOCIATES OF PINELLAS, L.L.C.**



Principal Place of Business

**1064 KEENE ROAD  
DUNEDIN FL 34698**

Mailing Address

**1064 KEENE ROAD  
DUNEDIN FL 34698**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3134166**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**CRONIN, KEVIN C  
1064 KEENE ROAD  
DUNEDIN FL 34698**

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>DRUCKER, JERRY M.D.</b>	
STREET ADDRESS	<b>1064 KEENE ROAD</b>	
CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>	
TITLE	<b>MGRM</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>STINE, MARK D.O.</b>	
STREET ADDRESS	<b>1064 KEENE ROAD</b>	
CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>HAMPSEY, JAMES MD</b>	
STREET ADDRESS	<b>1064 KEENE ROAD</b>	
CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>	
TITLE	<b>MGRM</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>FEINMAN, LARRY DO</b>	
STREET ADDRESS	<b>1064 KEENE ROAD</b>	
CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>	
TITLE	<b>MGRM</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>LELLAD, VINCENT D DO</b>	
STREET ADDRESS	<b>1064 KEENE ROAD</b>	
CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Delete
NAME	<b>BOWMAN, STEVEN C M.D.</b>	
STREET ADDRESS	<b>1064 KEENE ROAD</b>	
CITY-ST-ZIP	<b>DUNEDIN FL 34698</b>	

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>MGRM</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RAY, SCOTT D.O.</b>	
STREET ADDRESS	<b>1064 KEENE ROAD</b>	
CITY-ST-ZIP	<b>DUNEDIN, FL 34698</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>MGRM</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LESLIE GOODMAN MD</b>	
STREET ADDRESS	<b>1064 KEENE ROAD</b>	
CITY-ST-ZIP	<b>DUNEDIN, FL 34698</b>	
TITLE	<b>MGRM</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ANGELO CAPP-ELLO MD</b>	
STREET ADDRESS	<b>1064 KEENE ROAD</b>	
CITY-ST-ZIP	<b>DUNEDIN, FL 34698</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

*01/29/2003 727-734-2779 X130*

Date

Daytime Phone #

CR2E083 (10/02)