

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 21, 2002 8:00 am**  
**Secretary of State**

07-21-2002 90014 026 \*\*\*\*50.00

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**DOCUMENT # L98000003159**

1. Entity Name

**PASCO-HERNANDO SURGICAL ASSOCIATES, P.L.**

Principal Place of Business

**14100 FIVAY ROAD, SUITE 320  
 HUDSON FL 34667**

Mailing Address

**14100 FIVAY ROAD, SUITE 320  
 HUDSON FL 34667**

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 **59-3406993**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

~~MINES, JAMES P  
 315 S. HYDE PARK AVENUE  
 TAMPA FL 33606~~

7. Name and Address of New Registered Agent

Name  
**MALLIK A. PIDURU, M.D.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**14100 FIVAY RD**  
**STE 320**  
 City  
**HUDSON** FL Zip Code  
**34667**

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

**MALLIK A. PIDURU, M.D.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**7-10-02**

DATE

**FILE NOW!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR PIDURU, MALLIK A M.D. 14100 FIVAY ROAD, SUITE 320 HUDSON FL 34667</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED**

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

Date

Daytime Phone #

**7-10-02 727-863-0008**

CR2003 (4/02)