

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90595 016 ****50.00

DOCUMENT # L99000004546

1. Entity Name

FLORIDA PEDIATRIC ASSOCIATES, LLC

Principal Place of Business

**880 SIXTH STREET SOUTH
SUITE 110
ST PETERSBURG FL 33701**

Mailing Address

**880 SIXTH STREET SOUTH
SUITE 110
ST PETERSBURG FL 33701**

958184



DO NOT WRITE IN THIS SPACE

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

59-3490927

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SALTIEL, ALBERT
880 SIXTH STREET SOUTH
SUITE 110
ST PETERSBURG FL 33701**

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
FLORIDA PEDIATRIC RADIOLOGY, P.A.
880 SIXTH STREET SOUTH SUITE 110
ST PETERSBURG FL 33701** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Treasurer
Richard Benator, MD
880 Sixth St South #110
St Petersburg FL 33701** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
M. W. MORRIS, M.D., INC.
1800 NINTH STREET NORTH
ST PETERSBURG FL 33704** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ANESTHESIA CARE EXPERTS
880 SIXTH STREET SOUTH, #110
ST PETERSBURG FL 33701** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
INTENSIVE CARE SERVICES ASSOCIATES, PA
880 SIXTH STREET SOUTH, #370
ST PETERSBURG FL 33701** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SALTIEL, ALBERT MD
880 SIXTH STREET SOUTH #110
ST PETERSBURG FL 33701** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
VENER, DAVID MD
880 SIXTH STREET SOUTH #110
ST PETERSBURG FL 33701** ☐ Delete

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

Albert Satiel
ALBERT SALTIEL

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

4-22-02

Date

727-864255

Daytime Phone #

CR2E083 (9/01)