

2000 UNIFORM BUSINESS REPORT (UBR)

L99000008709

DOCUMENT

1. Entity Name

GULF BREEZE UROLOGY ASSOCIATES, LLC

APPROVED
AND
FILED

00 MAY 18 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

10806 US 19, Ste 102
Port Richey, FL 34668

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

59-3619942

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Peter Napolitano
7617 Little Road
New Port Richey, FL 34654

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

NAME

STREET ADDRESS

CITY-ST-ZIP

Gulf Breeze Medical
Surgical Associates, LC
10806 US 19, Ste 102
Port Richey, FL 34668

☐ Delete

MGR

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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10.

ADDITIONS/CHANGES

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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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:

Haider Khan, MD

4/13/00

(727) 868-8373

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (11/99)