

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000008709

1. Entity Name

GULF BREEZE UROLOGY ASSOCIATES, LLC

FILED

01 JAN 25 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

~~10806 U.S. HIGHWAY 19~~
PORT RICHEY FL 34668

Mailing Address

10806 U.S. HIGHWAY 19
PORT RICHEY FL 34668

2. Principal Place of Business

8647 LITTLE ROAD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NEW PORT RICHEY, FL

City & State

4. FEI Number

59-3619942

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NAPOLITANO, PETER A

7617 LITTLE ROAD

NEW PORT RICHEY FL 34654

7. Name and Address of New Registered Agent

Name GLEN J. GOLEMI

Street Address (P.O. Box Number is Not Acceptable)

10806 U.S. HWY 19

SUITE 102-A

City

PORT RICHEY

FL

Zip Code

34668

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

Glen J. Golemi GLEN J. GOLEMI ADMINISTRATOR 1-23-01

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 MGR
NAME GULF BREEZE MEDICAL SURGICAL ASSOC., LLC
STREET ADDRESS 10806 US 19, SUITE 102
CITY-ST-ZIP PORT RICHEY FL 34668

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE DIR
NAME KHAN, HAIDER, M.D.
STREET ADDRESS 10806 U.S. HWY 19 SUITE 102
CITY-ST-ZIP PORT RICHEY, FL 34668

☐ Change ☐ Addition

TITLE DIR
NAME NAOOS, JOHN
STREET ADDRESS 10806 U.S. HWY 19 SUITE 102
CITY-ST-ZIP PORT RICHEY, FL 34668

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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☐ 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:

Glen J. Golemi SIGNATURE REQUIRED

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

Date

Daytime Phone #

1-23-01 (927) 697-0233

CR2E083 (11/00)