8/2

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

08-20-2001 90076 002 ****61.25

12122

DO NOT WRITE IN THIS SPACE

DOCUMENT # N93000002335

1. Entity Name

NORTH PINELLAS PHYSICIANS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
34125 U.S. 19 NORTH SUITE 101 PALM HARBOR FL 34684	32615 US HWY 19 N. STE 3 PALM HARBOR FL 34684 US

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 59-3186082 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
IYER, VENKIT 32615 U.S. HWY. 19 N., SUITE 3 PALM HARBOR FL 34684	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] 7/9/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
After September 12, 2001, min. will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	IYER, VENKIT M.D. Director	NAME	
STREET ADDRESS	32615 U.S. HWY. 19 N. D	STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34684	CITY-ST-ZIP	
TITLE	VD ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	DALY, JOSEPH M.D. Director	NAME	
STREET ADDRESS	33920 U.S. HWY. 19 N., SUITE 124 D	STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34684	CITY-ST-ZIP	
TITLE	STD ☐ Delete	TITLE	STD ☒ Change ☐ Addition
NAME	LAUFER, EREL M.D. Director	NAME	EREL LAUFER MD
STREET ADDRESS	34125 U.S. HWY. 19, NORTH T	STREET ADDRESS	35080 US 19 N.
CITY-ST-ZIP	PALM HARBOR FL 34684	CITY-ST-ZIP	Palm Harbor, Fl 34684
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CP2E037 (5/01)

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 7/9/01 (727) -785-4475

SIGNATURE AND TYPED OR PRINTED NAME OF RUNNING OFFICER OR DIRECTOR Date Daytime Phone #