

2002 UNIFORM BUSINESS REPORT (UBR)

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

35080 US 19 North

3. Mailing Address

35080 US 19 North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Harbor, Florida

City & State

Palm Harbor, Florida

Zip

34684

Country

USA

Zip

34684

Country

USA

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

IVY, 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, 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

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 | | <input type="checkbox"/> Delete |
| NAME | IVY, VENKIT M.D. | | |
| STREET ADDRESS | 32615 U.S. HWY. 19 N. | | |
| CITY-ST-ZIP | PALM HARBOR FL 34684 | | |
| TITLE | VD | | <input checked="" type="checkbox"/> Delete |
| NAME | DALY, JOSEPH M.D. | | |
| STREET ADDRESS | 33920 U.S. HWY. 19 N., SUITE 124 | | |
| CITY-ST-ZIP | PALM HARBOR FL 34684 | | |
| TITLE | STD | | <input type="checkbox"/> Delete |
| NAME | LAUFER, EREL M.D. | | |
| STREET ADDRESS | 35080 US 19 N | | |
| CITY-ST-ZIP | PALM HARBOR FL 34684 | | |
| TITLE | | | <input type="checkbox"/> Delete |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | | <input type="checkbox"/> Delete |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| TITLE | | | <input type="checkbox"/> Delete |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/02

Date

(127) 789 5711

Daytime Phone #

FILED
Jun 18, 2002 8:00 am
Secretary of State

05-12-2002 90643 016 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)