

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90292 040 ***150.00

DOCUMENT # P01000083444



1. Entity Name
ST. PETERSBURG ENDOSCOPY AND SURGERY CENTER, INC

Principal Place of Business
**1609 PASADENA AVE S. SUITE 3M
ST PETERSBURG FL 33707**

Mailing Address
**1609 PASADENA AVE S. SUITE 3M
ST PETERSBURG FL 33707**



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 **59-3742164**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHEINERT, SHELDON L MD
1609 PASADENA AVE SOUTH
#3M
SAINT PETERSBURG FL 33707**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SCHEINERT, SHELDON L MD**
STREET ADDRESS **9228 SILVERTHORN ROAD**
CITY-ST-ZIP **LARGO FL 33777**

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

TITLE **VP** ☐ Delete
NAME **PARDOLL, PETER M MD**
STREET ADDRESS **34 PARADISE LANE**
CITY-ST-ZIP **TREASURE ISLAND FL 33706**

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

TITLE **VP** ☒ Delete
NAME **DASTOOR, FIRDAUS MD**
STREET ADDRESS **9086 BAYWOOD PARK DRIVE**
CITY-ST-ZIP **SEMINOLE FL 33777**

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

TITLE **T** ☐ Delete
NAME **WHARTON, ROBERT MD**
STREET ADDRESS **4855 1ST AVENUE NORTH**
CITY-ST-ZIP **SAINT PETERSBURG FL 33713**

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

TITLE **S** ☐ Delete
NAME **AMODEO, DONALD J MD**
STREET ADDRESS **11685 CAMPHOR WAY**
CITY-ST-ZIP **SEMINOLE FL 33772**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 607, 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:

SHELDON L SCHEINERT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/16/03 727-394-1428

CR2E034 (10/02)