

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P94000072029**

1. Entity Name

SOUTH PINELLAS AFFILIATED PHYSICIANS, INC.

**FILED**  
**Sep 15, 2002 8:00 am**  
**Secretary of State**

09-15-2002 90085 013 \*\*\*550.00

0036278  
AV

Principal Place of Business

601 7 ST S  
SAINT PETERSBURG FL 33701  
US

Mailing Address

601 7 ST S  
SAINT PETERSBURG FL 33701  
US

DO NOT WRITE IN THIS SPACE

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 <b>59-3289455</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**HARRIS, FRED F JR.  
101 EAST COLLEGE AVE.  
TALLAHASSEE FL 32301**7. Name and Address of New Registered Agent**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	KRAUSE, JAMES	
STREET ADDRESS	601 7 ST S	
CITY-ST-ZIP	ST PETERSBURG FL 33705	
TITLE	D	<input type="checkbox"/> Delete
NAME	OLDENSKI, RICHARD	
STREET ADDRESS	4951 34TH ST. S.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33711	
TITLE	D	<input type="checkbox"/> Delete
NAME	OSHER, GARY	
STREET ADDRESS	601 7 ST S	
CITY-ST-ZIP	SAINT PETERSBURG FL 33705	
TITLE	D	<input type="checkbox"/> Delete
NAME	COHEN, STEVEN	
STREET ADDRESS	601 7TH STREET SOUTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33701	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRAWER, JOEL M	
STREET ADDRESS	5101 BRITTANY DRIVE SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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
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		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE: *[Signature]*9/15/02 727-  
824 7146

CR2E034 (4/02)