2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2016
Secretary of State
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Entity Name: CSA NS/SP, P.L.

Current Principal Place of Business:

6006 49TH STREET NORTH, SUITE 310
ST. PETERSBURG, FL 33709

Current Mailing Address:

6006 49TH STREET NORTH, SUITE 310
ST. PETERSBURG, FL 33709

FEI Number: 20-5132603

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VAN GELDER, HUGH MD
6006 49TH STREET NORTH, SUITE 310
ST. PETERSBURG, FL 33709 US

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:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGRM	Title	MGR
Name	VAN GELDER, HUGH MD	Name	ROVIN, JOSHUA MD
Address	6006 49TH ST NORTH SUITE 310	Address	6006 49TH ST NORTH SUITE 310
City-State-Zip:	SAINT PETERSBURG FL 33709	City-State-Zip:	SAINT PETERSBURG FL 33709
Title	MGR	Title	MGR
Name	GEORGE, KRISTOPHER MD	Name	DEFRAIN , MICHAEL
Address	6006 49TH ST NORTH SUITE 310	Address	5733 BAYOU GRANDE BLVD NE
City-State-Zip:	ST PETERSBURG FL 33709	City-State-Zip:	ST. PETERSBURG FL 33703

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSHUA ROVIN MD MGR 04/26/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date