

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000116997

Entity Name: PINELLAS COUNTY PRIMARY CARE AND HOSPITALISTS, PLLC**Current Principal Place of Business:**516 LAKEVIEW RD
BLDG 4
CLEARWATER, FL 33756**Current Mailing Address:**516 LAKEVIEW RD
BLDG 4
CLEARWATER, FL 33756 US**FEI Number:** 47-4594025**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WANGER, MICHAEL P MD
516 LAKEVIEW RD
BLDG 4
CLEARWATER, FL 33756 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
Name	WANGER, MICHAEL
Address	516 LAKEVIEW RD BLDG #4
City-State-Zip:	CLEARWATER FL 33756

Title	MGRM
Name	NOSEK, DANIEL
Address	612 DRUID RD E SUITE B
City-State-Zip:	CLEARWATER FL 33756

Title	MGRM
Name	FOX, JOHN
Address	612 DRUID RD E SUITE B
City-State-Zip:	CLEARWATER FL 33756

Title	MGRM
Name	FEINGOLD, HOWARD
Address	516 LAKEVIEW RD SUITE 4
City-State-Zip:	CLEARWATER FL 33756

Title	MGRM
Name	MAY, ANA
Address	612 DRUID RD EAST SUITE B
City-State-Zip:	CLEARWATER FL 33756

Title	PRACTICE MANAGER
Name	CARLSON, KELLY
Address	516 LAKEVIEW RD BLDG #4
City-State-Zip:	CLEARWATER FL 33756

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: KELLY CARLSON

PRACTICE MANAGER

01/27/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date