

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A08835**

1. Entity Name

PUNTA GORDA MEDICAL INVESTORS LIMITED PARTNERSHI

Principal Place of Business

3570 KEITH STREET, N.W.
CLEVELAND TN 37312

Mailing Address

P.O. BOX 3480
CLEVELAND TN 37312

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

62-1068028

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

200003376242-0
08/29/00-01040-005
***199. FL *** 41.25

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

9. Capital Contributions as Shown on record.

\$200.00

10. Amount of Capital Contributions in FLORIDA to date.

\$500.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	PRESTON, FOREST L	220 ANATOLE LANE NE	CLEVELAND TN 37312
	F93000003365	DEVELOPERS INVESTMENT COMPANY, INC.	3570 KEITH STREET, NW CLEVELAND TN 37312

13. ADDRESS CHANGES ONLY

STREET ADDRESS	CITY-ST-ZIP
	FF \$141.25

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

Punta Gorda Medical Investors Limited Partnership

By: **Cindy S. Cross**, corporate general partner

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Cindy S. Cross, Assistant Secretary

Date

7/20/00

Daytime Phone #

(423)473-5867

FILED
00 AUG 25 PM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CP2E003 (5/00)