


**A08835**

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 3

**LIMITED PARTNERSHIP REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 01 NOV 29 PM 5:00  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **A08835**

1. Name of Limited Partnership  
**Punta Gorda Medical Investors Limited Partnership**

2. Principal Office Address <b>3570 Keith Street, NW</b>		3. Mailing Office Address <b>3570 Keith Street, NW</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Cleveland, TN</b>		City & State <b>Cleveland, TN</b>	
Zip <b>37312</b>	Country <b>US</b>	Zip <b>37312</b>	Country <b>US</b>

4. Date Formed or Registered To Do Business in Florida **4/28/1980**

5. FEI Number **62-1068028**

6. CERTIFICATE OF STATUS DESIRED  \$8.75 Additional Fee required for a Certificate of Status

7a. Capital Contributions as shown on Record:  
**\$500.00**

7b. Amount of Capital Contributions in FLORIDA to date:  
**\$500.00**

8. Name and Address of Current Registered Agent

Name  
**CT Corporation System**

Street Address (P.O. Box Number is Not Acceptable)  
**1200 South Pine Island Road**

Suite, Apt. #, Etc.

City  
**Plantation**

State  
**FL**

Zip Code  
**33324**

**FEES:**

1) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.

2) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.

3) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.

Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_

100004714091--7  
 -12/07/01--01031--024  
 \*\*\*\*\*52.50 \*\*\*\*\*52.50

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
<b>Forrest L. Preston</b>	<b>3570 Keith Street, NW</b>	<b>Cleveland, TN 37312</b>	100004714091--7 -12/07/01--01031--023 *****88.75 *****88.75
<b>Developers Investment Company, Inc.</b>	<b>3570 Keith Street, NW</b>	<b>Cleveland, TN 37312</b>	

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(f) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

**Punta Gorda Medical Investors Limited Partnership**  
 By: **Developers Investment Company, Inc., corporate general partner** DATE **10/23/01**  
 By: *Joan E. Thurmond*  
 Typed or Printed Name of General Partner Signing Form **Joan E. Thurmond, Assistant Secretary** Telephone Number **(423) 473-5868**

CR2038 (9/01)



3001 Keith Street, NW/P.O. Box 3480/Cleveland, Tennessee 37320-3480/(423) 472-9585

2002  
FILED  
01 NOV 29 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

October 23, 2001

**VIA AIRBORNE EXPRESS**

Florida Department of State  
Division of Corporations  
Attn: Partnership Section  
409 E. Gaines Street  
Tallahassee, FL 32399

RE: Punta Gorda Medical Investors Limited Partnership

Dear Representative:

Enclosed herewith for your consideration and review is the completed Limited Partnership Reinstatement form for the above-referenced entity. Also, enclosed herewith is a check in the amount of \$52.50 which represents the necessary filing fees. In speaking with a representative from your office, I was advised to let you know in writing that we did not receive the annual report form, therefore, we would not be responsible for paying penalties. If you should have any questions and/or need additional information, please contact me at (423) 473-5868.

Thank you in advance for your assistance in this matter.

Sincerely,

Joan E. Thurmond  
Legal Assistant

JET/lmr

Enclosures