


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY -5 PM 3: 11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A08835 1. Entity Name PUNTA GORDA MEDICAL INVESTORS LIMITED PARTNERSHIP	
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Principal Place of Business 3570 KEITH STREET, N.W. CLEVELAND, TN 37312	Mailing Address P.O. BOX 3480 CLEVELAND, TN 37312
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2. Principal Place of Business	3. Mailing Address	DUE BY MAY 1, 2003	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 62-1068028	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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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
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

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 _____	DATE _____
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9. Capital Contributions as Shown on record. \$2,063.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL DEPT OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	PRESTON, FOREST L	CITY - ST - ZIP	
CITY - ST - ZIP	3670 KEITH STREET, N.W. CLEVELAND, TN 37312		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	F93000003365 DEVELOPERS INVESTMENT COMPANY, INC.	CITY - ST - ZIP	
CITY - ST - ZIP	3670 KEITH STREET, NW CLEVELAND, TN 37312		100017996091 05/05/03--01005--009 **191.25
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY - ST - ZIP	
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STREET ADDRESS		CITY - ST - ZIP	
CITY - ST - ZIP			

STAPLE CHECK HERE

CR2E003 (10/02)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

SIGNATURE: <u><i>Joan E. Thurmond</i></u> <small>SIGNATURE AND VOID OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> Joan E. Thurmond, Assistant Secretary	Date 4/30/03	Daytime Phone # (423) 473-5868
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