2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A09419

FILED
02 FEB 18 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

NORTH RIDGE VA CENTER, LTD.

Principal Place of Business	Mailing Address
11880 SW 40TH ST #405 MIAMI FL 33175	11880 SW 40TH ST #405 MIAMI FL 33175

2. Principal Place of Business		3. Mailing Address	
5601 North Dixie Highway		5601 North Dixie Highway	
Suite, Apt. #, etc.: Suite 420		Suite, Apt. #, etc.: Suite 420	
City & State: Ft. Lauderdale, FL		City & State: Ft. Lauderdale, FL	
Zip: 33334	Country: USA	Zip: 33334	Country: USA

MJH DUE BY MAY 1, 2002

4. FEI Number 59-2086112 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MUDD, JOHN
~~11880 SW 40TH ST #405~~
~~MIAMI FL 33175~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 5601 North Dixie Highway, #420

City Ft. Lauderdale FL Zip Code 33334

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. $25,000.00

10. Amount of Capital Contributions in FLORIDA to date.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	554838	STREET ADDRESS	5601 North Dixie Highway, Suite 420
NAME	NORTH RIDGE MEDICAL PLAZA, INC.		
STREET ADDRESS	~~11880 SW 40TH ST #405~~	CITY-ST-ZIP	Ft. Lauderdale, FL 33334
CITY-ST-ZIP	~~MIAMI FL 33175~~		
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CR2E003 (9/01)

STAPLE CHECK HERE

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

SIGNATURE: SIGNATURE REQUIRED Mayra Diaz 2/11/02 (954) 202-1998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #