

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

001573 AT

DOCUMENT # A09419

1. Entity Name
NORTH RIDGE VA CENTER, LTD.FILED
03 FEB 19 PM 4:02Principal Place of Business
5601 NORTH DIXIE HIGHWAY, SUITE 420
FT. LAUDERDALE FL 33334Mailing Address
5601 NORTH DIXIE HIGHWAY, SUITE 420
FT. LAUDERDALE FL 33334SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 59-2086112

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUDD, JOHN
5601 NORTH DIXIE HIGHWAY, SUITE 420
FT. LAUDERDALE FL 33334

Name

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

City

FL

Zip Code

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

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

DATE

9. Capital Contributions
as Shown on record.

\$25,000.00

10. Amount of Capital Contributions
in FLORIDA to date.11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**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
NAME NORTH RIDGE MEDICAL PLAZA, INC.
STREET ADDRESS 5601 NORTH DIXIE HIGHWAY, SUITE 420
CITY-ST-ZIP FT. LAUDERDALE FL 33334

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

500012789985
02/19/03--01051--005 \$263.75DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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
John Mudd

2/3/03 (954) 202-1998

Date

Daytime Phone #

CR2E003 (10/02)