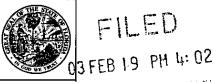
2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A09419

1. Entity Name

NORTH RIDGE VA CENTER, LTD.



SECRETARY OF STATE VLLAHASSEE FLORIDA Principal Place of Business Mailing Address MJH 5601 NORTH DIXIE HIGHWAY, SUITE 420 5601 NORTH DIXIE HIGHWAY. SUITE 420 FT. LAUDERDALE FL 33334 FT. LAUDERDALE FL 33334 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 Applied For 59-2086112 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MUDD, JOHN Street Address (P.O. Box Number is Not Acceptable) 5601 NORTH DIXIE HIGHWAY, SUITE 420 FT. LAUDERDALE FL 33334 City 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 10. Amount of Capital Contributions \$25,000.00 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE as Shown on record in FLORIDA to date. 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 NORTH RIDGE MEDICAL PLAZA, INC. NAME 5601 NORTH DIXIE HIGHWAY, SUITE 420 STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33334 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS 50001 CITY-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP 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 legal that the information stated in Section 119.07(3)(i), Florida Statutes.

SIGNATURE: .

SIGULARE REQUIDATE MUDDEN SIGNATURE AND APPLICATION MUDDEN SIGNATURE AND APPLICATION OF SIGNING GENERAL PARTNER

2/3/03

<u>(954) 202-1998</u>

Daytime Phone #