


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

00174

DOCUMENT # A21182

1. Entity Name
CORAL SPRINGS PROFESSIONAL, LTD.



FILED

03 APR 16 PM 2:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
P.O. BOX 4240
AUSTIN TX 78765

Mailing Address
7601 DUNLEER WAY
DALLAS TX 75248



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DUE BY MAY 1, 2003

4. FEI Number **59-2602409**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BRENNER, SCOTT
1000 HILLSBORO BLVD., SUITE 100
DEERFIELD BEACH FL 33441

7. Name and Address of New Registered Agent

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.

100016089411
04/16/03--01013--005 **141.25

SIGNATURE _____ DATE _____

9. Capital Contributions as Shown on record. **\$10.00**

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 #	M95525	STREET ADDRESS	
NAME	DIG-USA, INC.	CITY-ST-ZIP	
STREET ADDRESS	7601 DUNLEER WAY		
CITY-ST-ZIP	DALLAS TX 75248		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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** general partner Date: 4/7/03 972.248.1608

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

CR2E003 (10/02)