

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A21315

1. Entity Name

SEMINOLE MERIDIAN LIMITED PARTNERSHIP

Principal Place of Business

Mailing Address

2. Principal Place of Business

101 E. State St.

3. Mailing Address

101 East State Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kennett Square PA

City & State

Kennett Square PA

4. FEI Number

52-1421069

Applied For

Not Applicable

Zip

19348

Country

USA

Zip

19348

Country

USA

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

FILED  
01 MAR 28 AM 7:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT Corporation System  
1200 South Pine Island Road  
Plantation FL 33324

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions

as Shown on record. \$500

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 # F93000005223  
NAME Meridian Health, Inc  
STREET ADDRESS 101 E. State St.  
CITY-ST-ZIP Kennett Square PA 19348

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
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CITY-ST-ZIP

STREET ADDRESS  
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DOCUMENT #  
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CITY-ST-ZIP

STREET ADDRESS 700003992657--4  
CITY-ST-ZIP -04/11/01--01098--023  
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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:

*John F. X. Fairly*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-9-01

Date

610-444-6350

Daytime Phone #

CR2E003 (11/00)