APPROVED
AND
FILED

02 MAY 22 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A31921

1. Entity Name: R and R Seminole, Ltd.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

2. Principal Place of Business	3. Mailing Address
2834 Seabreeze Dr.	2834 Seabreeze Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Gulfport, FL	City & State: Gulfport, FL
Zip: 33707 Country:	Zip: 33707 Country:

4. FEI Number: 59-3080701 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Bruce Baker

Street Address (P.O. Box Number is Not Acceptable): 911 Chestnut Street

City: Clearwater FL Zip Code: 33757

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.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE. SEE REVERSE SIDE FOR FEE INFORMATION.
60,000		

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

DOCUMENT #	P97000028737	STREET ADDRESS	
NAME	Florida Eye Physicians	CITY-ST-ZIP	
STREET ADDRESS	2834 Seabreeze Dr.		
CITY-ST-ZIP	Gulfport, FL 33707		
DOCUMENT #		STREET ADDRESS	100005694731---3 -06/06/02--01066--003
NAME		CITY-ST-ZIP	****508.75 ****508.75
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	**DO NOT WRITE**
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CITY-ST-ZIP			

420.00 -4P
88.75 ADM

STAPLE CHECK HERE

CR2E003B (12/01)

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: Robin Short 5/1/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #