2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000001005

1. Entity Name

RIO VISTA OB/GYN ASSOCIATES, LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 18 AM 10:02

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1625 SOUTHEAST THIRD AVENUE, SUITE 701 FORT LAUDERDALE FL 33316	1625 SOUTHEAST THIRD AVENUE, SUITE 701 FORT LAUDERDALE FL 33316-2521

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0473161 ☐ Applied For ☐ Not Applicable

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
STALIONS, WILLIAM C 2699 STIRLING ROAD SUITE A-201 FORT LAUDERDALE FL 33312	Name: Kevin J. D'Espies, P.A. Street Address (P.O. Box Number is Not Acceptable): 1212 SE 1st Ave. City: Fort Lauderdael FL Zip Code: 33316

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 4/28/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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
$40,305.00	40305.00	

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.

GENERAL PARTNER INFORMATION	13. ADDRESS CHANGES ONLY
K69693 CORAL RIDGE OB GYN ASSOCIATES, INC. 224 COMMERCIAL BLVD #200 LAUDERDALE BY THE SEA FL 33308	STREET ADDRESS / CITY-ST-ZIP
	STREET ADDRESS / CITY-ST-ZIP
	STREET ADDRESS / CITY-ST-ZIP
	STREET ADDRESS / CITY-ST-ZIP
	STREET ADDRESS / CITY-ST-ZIP
	STREET ADDRESS / CITY-ST-ZIP

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CR2E003 (9/99)

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: _____ 4/27/2000

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