LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 APR 22 PM 1:04

4/26

DOCUMENT # A94000001005

1. Entity Name

Rio Vista OB/GYN Associates, Limited Partnership

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1625 SE 3rd Ave.	1625 SE 3rd Ave.
Suite, Apt. #, etc.: Suite 701	Suite, Apt. #, etc.: Suite 701
City & State: Fort Lauderdale, FL	City & State: Fort Lauderdlae, FL
Zip: 33316 Country: USA	Zip: 33316 Country: USA

DUE BY MAY 1

4. FEI Number: 65-0473161 ☐ 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: Reynald Pouliot, M.D.

Street Address (P.O. Box Number is Not Acceptable): 1625 SE 3rd AVe., #701

City: Fort Lauderdale 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: Reynald Pouliot M.D. DATE

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

9. Capital Contributions as Shown on record. 40305

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

DOCUMENT #	K69693	STREET ADDRESS	
NAME	Coral Ridge OB GYN Assoc. Inc.	CITY-ST-ZIP	
STREET ADDRESS	224 Commercial BLvd., #200		
CITY-ST-ZIP	Laud. by the Sea, FL 33308		
DOCUMENT #		STREET ADDRESS	100005482551--7 05/07/02--01098--023
NAME		CITY-ST-ZIP	****526.25 ****526.25
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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: _____ 4/15/02 _____

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