2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001992

1. Entity Name
PALMER MEDICAL CENTER, LTD.

FILED
03 JAN 15 PM 3:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA MJM

Principal Place of Business
~~7350 S. TAMIAMI TRAIL. #39~~
~~SARASOTA FL 34231-7000~~

Mailing Address
~~7350 S. TAMIAMI TRAIL. #39~~
~~SARASOTA FL 34231-7000~~

2. Principal Place of Business	3. Mailing Address
7427 Curlew Road	7427 Curlew Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota Fl	City & State: Sarasota, Fl
Zip: 34241-9613 Country: Sarasota	Zip: 34241-9613 Country: Sarasota

1/15

DUE BY MAY 1, 2003

4. FEI Number 65-0737596 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HANKIN, LAWRENCE M
2033 MAIN STREET, SUITE 400
SARASOTA FL 34232

7. Name and Address of New Registered Agent

Name

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

700010135267
01/15/03--01077--005 **526.25

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.

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

9. Capital Contributions as Shown on record.	$400,000.00	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 #		STREET ADDRESS	
NAME	STEELE, JOHN M		
STREET ADDRESS	921 SOUTH BENEVA ROAD		
CITY-ST-ZIP	SARASOTA FL 34232	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
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CR2E003 (10/02)

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 John M. Steele 1-7-03 941-922-5071
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #