2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A98000001072

1. Entity Name
TALLAHASSEE HEALTH ASSOCIATES II, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 AUG 13 PM 12:50

rq 8/20

Principal Place of Business	Mailing Address
2600 EAST SOUTH BLVD.. SUITE 225 MONTGOMERY AL 36116	PO BOX 11148 MONTGOMERY AL 36111

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

DUE BY SEPTEMBER 24, 2003

4. FEI Number 63-1212905 ☐ 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
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) 200022288882 08/13/03--01059--002 **550.00 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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	$99.00	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 # NAME STREET ADDRESS CITY-ST-ZIP	P98000038977 SEAGROVE TALLAHASSEE, INC. 2600 EAST SOUTH BLVD., SUITE 225 MONTGOMERY AL 36116	STREET ADDRESS CITY-ST-ZIP	
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CR2E003 (4/03)

STAPLE CHECK HERE

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

Margaret McPherson

SIGNATURE: Margaret McPherson Treasurer SIGNATURE REQUIRED — Seagrove Tallahassee 8-7-03 334-281-6821

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