

2001 UNIFORM BUSINESS REPORT (UBR)

0006767 AF

DOCUMENT # A99000001388

1. Entity Name

DARTMOUTH CAPITATED MEDICAL ORGANIZATION, LTD.

FILED

01 MAR 30 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

C/O PHYTRUST, LTD.
1204 NORTH UNIVERSITY DRIVE
PLANTATION FL 33322

Mailing Address

C/O PHYTRUST, LTD.
1204 NORTH UNIVERSITY DRIVE
PLANTATION FL 33322

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

DO NOT WRITE IN THIS SPACE

65-0945864

~~APPLIED FOR~~

Applied For
Not Applicable

Zip

Country

Zip

Country

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

NATKOW, NEIL A
C/O PHYTRUST, LTD.
1204 NORTH UNIVERSITY DRIVE
PLANTATION FL 33322

Name

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$7,600.00

10. Amount of Capital Contributions in FLORIDA to date.

4000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P99000075103**
NAME **DARTMOUTH PARTNERS, INC.**
STREET ADDRESS **1204 NORTH UNIVERSITY DRIVE**
CITY-ST-ZIP **PLANTATION FL 33322**

STREET ADDRESS

CITY-ST-ZIP

200003993742--8

04/12/01--01028--006

*****144.75 ***144.75**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)

[Handwritten Signature]
9/7/01

954-475-0209