

# 2002 UNIFORM BUSINESS REPORT (UBR)

001247 AT

**DOCUMENT # A99000001388**

**1. Entity Name**  
**DARTMOUTH CAPITATED MEDICAL ORGANIZATION, LTD.**

**FILED**

**LF**

**02 APR 24 PM 2:43**

**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**  
 13680 NW 5th Street

**3. Mailing Address**  
 13680 NW 5th Street

**Suite, Apt. #, etc.**  
 Suite 100

**Suite, Apt. #, etc.**  
 Suite 100

**DUE BY MAY 1, 2002**

**City & State**  
 Sunrise, Fl.

**City & State**  
 Sunrise, Fl.

**4. FEI Number**  
 65-0945864

**Applied For**  
 Not Applicable

**Zip**  
 33325

**Country**  
 USA

**Zip**  
 33325

**Country**  
 USA

**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)**  
 13680 NW 5th Street

**Suite**  
 Suite 100

**City**  
 Sunrise

**FL** **Zip Code**  
 33325

**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**  
 4/19/02

**9. Capital Contributions as Shown on record.**  
 \$7,600.00

**10. Amount of Capital Contributions in FLORIDA to date.**  
 4000. -

**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**  
 13680 NW 5th Street, Suite 100

**CITY-ST-ZIP**  
 Sunrise, Fl. 33325

**DOCUMENT #**  
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**CITY-ST-ZIP**

700005463067--1  
 05/06/02--01092--013  
 \*\*\*\*144.75 \*\*\*\*144.75

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**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:**

**DATE**  
 4/4/02

**DAYTIME PHONE #**  
 (954) 475-0707

CR2E003 (9/01)