

# 2001 UNIFORM BUSINESS REPORT (UBR)

0012242 AF

DOCUMENT # **B97000000349**

1. Entity Name

**HILLSIDE PATIENT FINANCING, L.P.**

**FILED**

**01 APR 23 AM 10:31**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2100 S.E. 17TH STREET, #204  
OCALA FL 34471

Mailing Address

2100 S.E. 17TH STREET, #204  
OCALA FL 34471

2. Principal Place of Business

**2100 SE. 17TH STREET**

Suite, Apt. #, etc.

**SUITE 300**

City & State

**OCALA FL**

Zip

**34471**

Country

**USA**

3. Mailing Address

**2100 SE. 17TH STREET**

Suite, Apt. #, etc.

**SUITE 300**

City & State

**OCALA FL**

Zip

**34471**

Country

**USA**

4. FEI Number

**59-3455701**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

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.

**\$500.00**

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 # **M97000000418**  
NAME **THE HILLSIDE GROUP, LLC**  
STREET ADDRESS **2100 S.E. 17TH STREET, #203**  
CITY-ST-ZIP **OCALA FL 34471**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **2100 S.E. 17TH STREET # 300**  
CITY-ST-ZIP **OCALA FL 34471**

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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:

**CURTIS**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/10/01**  
Date

**(352) 401-1900**  
Daytime Phone #

CR2E003 (11/00)