

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0021327 FP

DOCUMENT # A00000001231

1. Entity Name
MED TECH HOLDINGS LIMITED PARTNERSHIP, LLLP



FILED

03 APR 10 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
4770 U.S. 19
NEW PORT RICHEY FL 34652

Mailing Address
4770 U.S. 19
NEW PORT RICHEY FL 34652

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 59-3704542

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

NAPOLITANO, PETER A ESQ.
7617 LITTLE ROAD
NEW PORT RICHEY FL 34652

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. 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. \$20,000,000.00

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 # L00000009228
NAME BIO TECHNOLOGY VENTURES, LLC
STREET ADDRESS 4770 U.S. 19
CITY-ST-ZIP NEW PORT RICHEY FL 34652

STREET ADDRESS

CITY-ST-ZIP

600015652376

DOCUMENT #
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CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

M THOMAS

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

GRM, BIO TECHNOLOGY VENTURES, LLC 3/28/03 (727) 841-9998

Date

Daytime Phone #

CR2E003 (10/02)

STATE CHECK HERE