2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

A0000001629 **DOCUMENT #**

1. Entity Name FIVE POINTS HEALTH CARE, LTD.

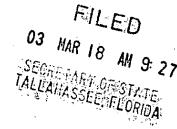


Principal Place of Business 3030 HARTLEY ROAD. SUITE 120 JACKSONVILLE FL 32257

2. Principal Place of Business

Mailing Address 3030 HARTLEY ROAD, SUITE 120 JACKSONVILLE FL 32257

3. Mailing Address





Suite, Apt. #, etc.			Suite, Apt. #, etc.				DUE BY MAY 1, 2003		
City & State			City & State			4. FEI Number	59-3686144	Applied For	
Zip	Country		Zip	Zip Coun				Not Applica 8.75 Additional ee Required	able
<u></u>	6 Name	and Address of Current Reg	rietared Agent	J	Ι.	7. Name and A	ddress of New Registered A		-
***	o. Name	and Address of Corrent Reg	Jisteleu Agent		Name				
GLAZIER & GLAZIER, P.A. 8761 PERIMETER PARK BLVD., SUITE 103 JACKSONVILLE FL 32216					Street Address (P.O. Box Number is Not Acceptable)				
·					City	FL Zip Code			
	named entity ions of regist		e purpose of changing its	register	ed office or reg	istered agent, or both,	in the State of Florida. I am fa	miliar with, and acce	apt
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.									- {
Capital Contributions as Shown on record. \$495,000.00			10. Amount of Capital Contributions in FLORIDA to date.			-	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION		
<u>-</u>	A (GENERAL PARTNER THA	AT IS A BUSINESS EN	ITITY M	IUST BE REC	SISTERED AND AC	TIVE WITH THIS OFFICE to change a general part	ner.	
12. GENERAL PARTNER INFO							ADDRESS CHANGES ONLY		
DOCUMENT / P00000101309 NAME FIVE POINTS MANAGERS, INC.					EET ADDRESS				ļ
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS 3030 HARTLEY ROAD, SUITE 120				'-ST-ZIP	700014309297 03/18/0301015002 **526.25			
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44 barabur	and the state of the	a information europlied with thi	e filing does not qualify to	r the eve	mntion stated i	in Section 119 07(3\(i)	Florida Statutes, I further cert	fy that the informatio	on.

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