

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0000092 AV

DOCUMENT # A00000001629

1. Entity Name
FIVE POINTS HEALTH CARE, LTD.FILED
03 MAR 18 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDAPrincipal Place of Business
3030 HARTLEY ROAD, SUITE 120
JACKSONVILLE FL 32257Mailing Address
3030 HARTLEY ROAD, SUITE 120
JACKSONVILLE FL 32257

2. Principal Place of Business

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

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

GLAZIER & GLAZIER, P.A.
8761 PERIMETER PARK BLVD., SUITE 103
JACKSONVILLE FL 32216

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.

\$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 INFORMATIONA 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 # P00000101309
NAME FIVE POINTS MANAGERS, INC.
STREET ADDRESS 3030 HARTLEY ROAD, SUITE 120
CITY-ST-ZIP JACKSONVILLE FL 32257

STREET ADDRESS

CITY-ST-ZIP

P00014309287
03/18/03--01015--002 **526.25DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE RECOVERED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)