

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 17, 2001 08:00 AM****Secretary of State****DOCUMENT # A00000002064**

1. Entity Name

MOBILE BIOPSY MANAGEMENT OF FLORIDA LIMITED PARTNERSHI
P

Principal Place of Business

Mailing Address

164 BAYMOUNT DRIVE

164 BAYMOUNT DRIVE

STATESVILLE

NC

STATESVILLE

NC

28625

28625

2. Principal Place of Business

3. Mailing Address

164 BAYMOUNT DRIVE

164 BAYMOUNT DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

STATESVILLE

NC

City & State

STATESVILLE

NC

Zip

28625

Country

Zip

28625

Country

4. FEI Number

56-2226679

Applied For

Not Applicable

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

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION

33324

US

FL

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)

02/17/2001

DATE

9. Capital Contributions

as Shown on record. 900.00

10. Amount of Capital Contributions

in FLORIDA to date. 0.00

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 #
NAME G ROBINSON MANAGEMENT OF FLORIDA, INC.
STREET ADDRESS 164 BAYMOUNT DRIVE
CITY-ST-ZIP STATESVILLE NCSTREET ADDRESS 164 BAYMOUNT DRIVE
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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: Gary Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

02/17/2001

Date

Daytime Phone #

CR2E003 (11/00)