

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 FEB 28 PM 1:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **A01000000029**

1. Entity Name

**CORCORAN, EASTERLING & DOYLE-VALLERY, LTD.**

Principal Place of Business

Mailing Address

5741 BEE RIDGE ROAD, SUITE 390  
SARASOTA FL 34233

5741 BEE RIDGE ROAD, SUITE 390  
SARASOTA FL 34233



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

City & State

4. FEI Number

**65-0624925**

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, JOHN E ESQ.  
677 NORTH WASHINGTON BLVD.  
SARASOTA FL 34236**

Name

Street Address (P.O. Box Number is Not Acceptable)

**100 Wallace Ave, Suite 240**

City

**Sarasota, FL**

FL

Zip Code

**34237**

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

*John Napolitano*

*John Napolitano*

*1/24/02*

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record.

**\$50,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

**99,000.**

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 # **L0000005969**  
NAME **MED HOLDINGS, LLC**  
STREET ADDRESS **5741 BEE RIDGE ROAD, SUITE 390**  
CITY-ST-ZIP **SARASOTA FL 34233**

STREET ADDRESS  
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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: X

*Deanna Doyle Vallery*  
**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

0015516 AT

1E003 (9/01)

STAPLE CHECK HERE