

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

1 of 2

DOCUMENT # **A01000000029**

1. Entity Name
CORCORAN, EASTERLING & DOYLE-VALLERY, LTD.



FILED

2003 AUG 28 PM 12:26

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
**5741 BEE RIDGE ROAD, SUITE 390
SARASOTA FL 34233**

Mailing Address
**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 SEPTEMBER 24, 2003

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.
100 WALLACE AVE., SUITE 240
SARASOTA FL 34237**

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. **\$50,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **99,000**

**11. MAKE CHECK PAYABLE TO FLA 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 # **L00000005969**
NAME **MED HOLDINGS, LLC**
STREET ADDRESS **5741 BEE RIDGE ROAD, SUITE 390**
CITY-ST-ZIP **SARASOTA FL 34233**

STREET ADDRESS

300022130383

CITY-ST-ZIP

08/07/03--01042--005 **526.25

DOCUMENT #
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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7-28-03

941-379-6331

Date

Daytime Phone #

STAPLE CHECK HERE

2 of 2

CORCORAN, EASTERLING & DOYLE-VALLERY, LTD.



JOSEPH C. CORCORAN, D.O., F.A.C.O.G.
GARY W. EASTERLING, M.D., F.A.C.O.G.
DEANNA DOYLE-VALLERY, M.D., F.A.C.O.G.

OBSTETRICS / GYNECOLOGY / INFERTILITY

FILED
2003 AUG 28 PM 12: 26
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

August 25, 2003

Florida Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Attention: Mr. Joey Bryan

Dear Mr. Bryan:

RE: Corcoran, Easterling & Doyle-Vallery, Ltd - Ref No. A0100000029

Further to our telephone conversation today, I am enclosing a copy of the notice that was received in June, 2003 with a September 24, 2003 due date with regard to the above corporation along with a copy of your letter dated August 19th, 2003. This was the first notice that I received for the year 2003.

I apologize for the fact that our fee relating to the UBR was not received by your office prior to May 1, 2003, however, in view of the fact that I had not received a notice prior to May 1st I would ask that the \$400 late fee be waived.

Please review this matter at your earliest convenience in order that we do not incur any further charges. I will await your reply.

Thank you.

Sincerely,

Dodie VanZeyl
Administrative Office Manager

DVZ
Encl.