

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0002416 AV

DOCUMENT # A01000000851



1. Entity Name  
SHERIDAN PROFESSIONAL CENTRE, LTD., LLLP

FILED  
03 MAY -5 PM 5:07  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

04.14

Principal Place of Business  
C/O DOUGLAS DEVELOPMENT GROUP, INC.  
8725 N.W. 18TH TERRACE, SUITE 204  
MIAMI FL 33172

Mailing Address  
C/O DOUGLAS DEVELOPMENT GROUP, INC.  
8725 N.W. 18TH TERRACE, SUITE 204  
MIAMI FL 33172



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number APPLIED FOR  
65-1125241

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

DOUGLAS, PAUL  
8725 N.W. 18TH TERRACE, SUITE 204  
MIAMI FL 33172

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. \$100.00

10. Amount of Capital Contributions in FLORIDA to date. 100.00

11. MAKE CHECK PAYABLE TO FL. 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 # P01000063959  
NAME SHERIDAN PROFESSIONAL CENTRE, INC.  
STREET ADDRESS 8752 N.W. 18TH TERRACE, SUITE 204  
CITY-ST-ZIP MIAMI FL 33172

STREET ADDRESS

CITY-ST-ZIP

000017921340  
05/05/03-01002-019 \*\*141.25

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE: PAUL DOUGLAS  
4-29-03 305-5947730

Date

Daytime Phone #

CR2E003 (10/02)