

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

102
AT

DOCUMENT # A02000001573

1. Entity Name
JACARANDA HEALTH CENTER, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL 28 PH 1:58

Wg/11

Principal Place of Business
C/O MATTHEW EHRLICH, MD
1219 JACARANDA BLVD.
VENICE FL 34292

Mailing Address
C/O MATTHEW EHRLICH, MD
1219 JACARANDA BLVD.
VENICE FL 34292



2. Principal Place of Business

3. Mailing Address

217 The Esplanade S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY SEPTEMBER 24, 2003

City & State

City & State

Venice, FL

4. FEI Number

65-1172325

Applied For

Not Applicable

Zip

Country

Zip
34285

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

EHRLICH, MATTHEW
1219 JACARANDA BLVD.
VENICE FL 34292

7. Name and Address of New Registered Agent

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.

\$153,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE 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 # L02000031805
NAME JACARANDA OF SRQ, L.L.C.
STREET ADDRESS 1219 JACARANDA BLVD.
CITY-ST-ZIP VENICE FL 34292

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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 REQUIRED

7/24/03 941/484-9252

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (4/03)

SINGLE CHECK HERE

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To Whom It May Concern:

This is the first notice that I have received for this LTD. I have enclosed a copy of the date it was received in our office.

I called your office and they told me to write a note to this effect. I would appreciate any help you can provide.

Sincerely,



Matthew Ehrlich, M.D.
941-484-9252

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