

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A04261**

1. Entity Name

FLORIDA MEDICAL PROPERTIES, LIMITED

FILED
May 02, 2000 8:00 am
Secretary of State

Principal Place of Business
**510 VONDERBURG DRIVE
SUITE 3000
BRANDON FL 33511**

Mailing Address
**510 VONDERBURG DRIVE
SUITE 3000
BRANDON FL 33511-5970**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-1636955		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
COMPREHENSIVE HEALTH PLANNERS, INC. 510 VONDERBURG DRIVE SUITE 3000 BRANDON FL 33511		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) DATE _____

9. Capital Contributions as Shown on record. **\$850.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 # 491812	NAME LESLIE PETER & COMPANY	STREET ADDRESS	
STREET ADDRESS 510 VONDERBURG DR.		CITY - ST - ZIP	
CITY - ST - ZIP BRANDON FL			
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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

LESLIE PETER & COMPANY,

SIGNATURE: By **DAVID WARMUTH**
David Warmuth, Secretary

4/25/00

(212) 577-2800

Date

Daytime Phone #