

# 2002 UNIFORM BUSINESS REPORT (UBR)

0012815 AT

DOCUMENT # A04261

1. Entity Name

FLORIDA MEDICAL PROPERTIES, LIMITED

FILED

2002 APR 29 PM 6:26

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



Principal Place of Business

510 VONDERBURG DRIVE  
SUITE 3000  
BRANDON FL 33511

Mailing Address

510 VONDERBURG DRIVE  
SUITE 3000  
BRANDON FL 33511

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

59-1636955

Applied For

Not Applicable

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

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.

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 510 VONDERBURG DR.  
CITY-ST-ZIP BRANDON FL

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

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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

Leslie Peter & Company

SIGNATURE:

By

*[Signature]*

4/25/02

212-577-2800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)