

# 2002 UNIFORM BUSINESS REPORT (UBR)

0010659 AT

**DOCUMENT # A05787**  
 1. Entity Name  
**AMERICAN MEDICAL PLAZA LIMITED**

FILED  
 02 FEB 18 PM 3: 53  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address  
~~11880 SW 40TH ST. SUITE 405~~ ~~11880 SW 40TH ST. SUITE 405~~  
~~MIAMI FL 33175~~ ~~MIAMI FL 33175~~  
 US US

2. Principal Place of Business 3. Mailing Address  
**5601 North Dixie Highway** **5601 North Dixie Highway**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**Suite 420** **Suite 420**

City & State City & State  
**Ft. Lauderdale, FL** **Ft. Lauderdale, FL**

Zip Country Zip Country  
**33334 USA** **33334 USA**

**DUJ** DUE BY MAY 1, 2002

4. FEI Number **59-1837793** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**MUDD, JOHN**  
**5601 NORTH DIXIE HIGHWAY, SUITE 420**  
**FORT LAUDERDALE FL 33334**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$500,375.00** 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	
DOCUMENT #	<b>G48803</b>
NAME	<b>BELL PARTNERS, INC.</b>
STREET ADDRESS	<del>11880 SW 40TH ST, SUITE 405</del>
CITY-ST-ZIP	<del>MIAMI FL 33175</del>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<b>5601 North Dixie Highway, #420</b>
CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33334</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<del>388895022483-8</del>
CITY-ST-ZIP	<del>-02/27/02--01003--021</del>
	<del>****526.25 ****526.25</del>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: Mayra Diaz 2/11/02 (954) 202-1998  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (9/01)