

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0020200
SP

DOCUMENT # **A08820**

1. Entity Name

BUENA VISTA REHABILITATION ASSOCIATES, LTD.

01 APR 30 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
2000 S. COLORADO BLVD., TWR 2, STE. 2-1000 **2000 S. COLORADO BLVD., TWR 2, STE. 2-1000**
DENVER CO 80222 **DENVER CO 80222**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 13-3031350		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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOT) Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$18,750.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # 617998	NAME THE RELATED COMPANIES OF FLORIDA, INC.	STREET ADDRESS	
STREET ADDRESS 2828 CORAL WAY		CITY-ST-ZIP	
CITY-ST-ZIP MIAMI FL			
DOCUMENT # F97000001937	NAME SF GENERAL, INC.	STREET ADDRESS	400004218014--7
STREET ADDRESS 2000 S. COLORADO BLVD., TWR 2, STE. 2-1000		CITY-ST-ZIP	-05/15/01 -01108--007
CITY-ST-ZIP DENVER CO 80222			****221.75 ****221.75
DOCUMENT #	NAME	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

Buena Vista Rehabilitation Associates, Ltd., by its managing General Partner, SF General, Inc.

SIGNATURE: By Deborah Cheai Assistant Secretary 4-26-01 (303) 757-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone # **8101**

CR2E003 (11/00)