

**LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A08835

1. Entity Name

PUNTA GORDA MEDICAL INVESTORS LIMITED PARTNERSHIP

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3570 Keith Street, NW

Suite, Apt. #, etc.

City & State

Cleveland, TN

Zip  
37312

Country  
USA

3. Mailing Address

3570 Keith Street, NW

Suite, Apt. #, etc.

City & State

Cleveland, TN

Zip  
37312

Country  
USA

FILED

02 AUG -1 AM 11:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

**DUE BY MAY 1**

4. FEI Number

62-1068028

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

City

Plantation

FL

Zip Code  
33324

**DO NOT WRITE  
IN THIS SPACE**

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.

*5.44 filed*  
*2,063.00*

10. Amount of Capital Contributions  
in FLORIDA to date. **\$2,063.00**

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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Forrest L. Preston  
3570 Keith Street, NW  
Cleveland, TN 37312

STREET ADDRESS

3570 Keith Street, NW

CITY-ST-ZIP

Cleveland, TN 37312

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Developers Investment Company, Inc.  
3570 Keith Street, NW  
Cleveland, TN 37312

STREET ADDRESS

3570 Keith Street, NW

CITY-ST-ZIP

Cleveland, TN 37312

DOCUMENT #  
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FF \$541.25

DOCUMENT #  
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DOCUMENT #  
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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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)(l), Florida Statutes, 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.

**Punta Gorda Medical Investors Limited Partnership**

By: Developers Investment Company, Inc., corporate general partner

SIGNATURE: By: *Stan Shumard*

6/26/02

423-473-5868

CR2E003B (12/01)