

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
May 14, 2004 08:00 AM
Secretary of State

DOCUMENT # A08835

1. Entity Name
PUNTA GORDA MEDICAL INVESTORS LIMITED PARTNERSHIP



Principal Place of Business
3570 KEITH STREET, N.W.
CLEVELAND, TN 37312

Mailing Address
P.O. BOX 3480
CLEVELAND, TN 37312

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01202004

Chg-LP

CR2E003 (10/03)

4. FEI Number

62-1068028

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DATE

9. Capital Contributions as Shown on record **\$2,063.00**

10. Amount of Capital Contributions in FLORIDA to date

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 #
NAME
PRESTON, FOREST L
STREET ADDRESS
3570 KEITH STREET, N.W.
CITY, ST, ZIP
CLEVELAND, TN 37312

STREET ADDRESS
CITY, ST, ZIP

U00000160768
05/18/04-80001-022 141.25

DOCUMENT #
NAME
F93000003365
STREET ADDRESS
DEVELOPERS INVESTMENT COMPANY, INC.
CITY, ST, ZIP
3570 KEITH STREET, NW
CLEVELAND, TN 37312

STREET ADDRESS
CITY, ST, ZIP

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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

Joan E. Thurmond

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Joan E. Thurmond, Asst. Secretary

4-12-04

Date

(423) 473-5868

Daytime Phone #

STAPLE CHECK HERE