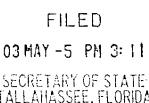
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2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A08835

1. Entity Name
PUNTA GORDA MEDICAL INVESTORS LIMITED
PARTNERSHIP

ED



4/30/03

(423) 473-5868

Principal Place of Business Mailing Address 3570 KEITH STREET, N.W. P.O. BOX 3480 CLEVELAND, TN 37312 CLEVELAND, TN 37312								SECRETARY ALLAHASSE			
Principal Place of Business 3. Mailing Address											
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DUE BY MA			
City & State			 -,	City & State		4. FEI Numbe	⁶²⁻¹⁰⁶⁸⁰²⁸		Applied Fo		
Zip	Country			. Zip Coul		try	5. Certificate	of Status Desired		8.75 Additional ee Required	
6. Name and Address of Current Registered Agent							7. Name and	Address of New F	Registered A	ent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324						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 ————————————————————————————————————											
Capital Contributions as Shown on record. \$2,063.00 10. Amount of Capital in FLORIDA to date In FLORIDA to date 10. Amount of Capital						butions				O FL: DEPT: DF ST. 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 /								ADDAL33 OF	ANGES ONE	"	— g
NAME	PRESTON, FOREST L					ET ADDRESS					
STREET ADDRESS						-51-2IP					8
	CLEVELAND, TN 37312										CR2E003 (10/02)
NAME	F93000003365 AME DEVELOPERS INVESTMENT COMPANY, INC.				STRI	EET ADDRÉSS	78 6		aaer	701	"
STREET ADDRESS	TADDRESS 3570 KEITH STREET, NW			,	CITY	-51-2IP	05/09	7030100	5009	**191.25	
DOCUMENT #	CLEVELA	NO, IN 3/312		· <u> </u>		TT LDDDGGG	- <u></u> -				_
NAME CIRCULADORCO)				SIKI	EET ADDRESS					
STREET ADDRESS CITY-ST-ZIP		_ <u></u>		<u>.</u>	CITY	-51-žiP				···	
DOCUMENT # NAME					STRI	ET ADDRESS					
STREET ADDRESS City -st-zip					спу	-ST-ZIP					
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STREET ADDRESS CITY-ST-ZIP	ļ			•	CITY	-ST-ZIP	·				_
DOCUMENT #	T				STRI	EET ADDRESS					
STREET ADDRESS CITY -ST-ZIP					CITY	-S1-2IP					
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											

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