

# 2000 UNIFORM BUSINESS REPORT (UBR)

0012450 AF

**DOCUMENT # A16472**

1. Entity Name  
**OAKBROOK MEDICAL, LTD.**

Principal Place of Business <b>1111 NE 25TH AVENUE SUITE 302 OCALA FL 32670</b>	Mailing Address <b>1111 NE 25TH AVENUE SUITE 302 OCALA FL 34470-5667</b>
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
  
00 MAR 24 AM 9:56



2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2315090</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**WEBB, MICHAEL J. M.D.  
1111 NE 25TH AVE.  
SUITE 302  
OCALA FL 32670**

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. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. <b>\$5,000.00</b>	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

DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>WEBB, MICHAEL J. 1515 E. SILVER SPRGS BLV OCALA FL</b>
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13. ADDRESS CHANGES ONLY

STREET ADDRESS CITY - ST - ZIP	<b>000003197290 4 -04/05/00--01097--004 ****141.25 ****141.25</b>
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)(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:** **SIGNATURE REQUIRED**

\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **3/16/00** Daytime Phone # **(352) 622-2221**

1661 (9/99) CF 10001