

# 2002 UNIFORM BUSINESS REPORT (UBR)

0015783 AT

**DOCUMENT # A16472**

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

APPROVED  
AND  
FILED

02 APR 26 PM 2:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**1111 NE 25TH AVENUE  
SUITE 302  
OCALA FL 32670**

Mailing Address  
**1111 NE 25TH AVENUE  
SUITE 302  
OCALA FL 32670**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

**DUE BY MAY 1, 2002**

4. FEI Number **59-2315090** Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 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: *[Signature]* DATE: **4/11/02**

9. Capital Contributions as Shown on record **\$5,000.00** 10. Amount of Capital Contributions in FLORIDA to date  
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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>WEBB, MICHAEL J. 1515 E. SILVER SPRGS BLV OCALA FL</b>	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	<b>000005450440-2</b>
NAME		CITY-ST-ZIP	<b>05/03/02-01068-011</b>
STREET ADDRESS			<b>***150.00 ***150.00</b>
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
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: *[Signature]* **SIGNATURE REQUIRED** DATE: **4/11/02** DAYTIME PHONE #: **(352) 622-2221**

CR2E003 (9/01)