

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # A16472 1. Entity Name OAKBROOK MEDICAL, LTD.					
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.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2315090	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Michael J. Webb</i></u> DATE <u>4/14/04</u>					
9. Capital Contributions as Shown on record. \$5,000.00		10. Amount of Capital Contributions in FLORIDA to date. 500			
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		STREET ADDRESS		
	STREET ADDRESS		CITY-ST-ZIP		
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	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: <u><i>Michael J. Webb</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			4/14/04 (352) 622-2221 Date Daytime Phone #		



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