

# 2002 UNIFORM BUSINESS REPORT (UBR)

0020425 AB

DOCUMENT # **A17589**

1. Entity Name

**THE ATRIUM OF JACKSONVILLE, LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 FEB 11 PM 2:03

Principal Place of Business  
**SUN HEALTHCARE GROUP. - LEGAL DEPT.  
101 SUN AVENUE N.E.  
ALBUQUERQUE NM 87109**

Mailing Address  
**SUN HEALTHCARE GROUP. - LEGAL DEPT.  
101 SUN AVENUE N.E.  
ALBUQUERQUE NM 87109**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

City & State

4. FEI Number **68-0028706**

Applied For

Not Applicable

Zip Country

Zip Country

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.

SIGNATURE

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

DATE

9. Capital Contributions as Shown on record. **\$172,250.00**

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 #  
NAME **DEMETREE, JACK C.**  
STREET ADDRESS **3740 BEACH BLVD. STE.300**  
CITY-ST-ZIP **JACKSONVILLE FL**

STREET ADDRESS

CITY-ST-ZIP

**500004925125--4**

DOCUMENT #  
NAME **DEMETREE, BETTY A.**  
STREET ADDRESS **3740 BEACH BLVD. STE.300**  
CITY-ST-ZIP **JACKSONVILLE FL**

STREET ADDRESS

CITY-ST-ZIP

**02/14/02 01033 009  
\*\*\*\*526.25 \*\*\*\*526.25**

DOCUMENT #  
NAME **DEMETREE, WILLIAM C.**  
STREET ADDRESS **3348 EDGEWATER DRIVE**  
CITY-ST-ZIP **ORLANDO FL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME **DEMETREE, SARA N.**  
STREET ADDRESS **3348 EDGEWATER DRIVE**  
CITY-ST-ZIP **ORLANDO FL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME **F99000005179**  
STREET ADDRESS **RETIREMENT CARE G.P. CORPORATION**  
CITY-ST-ZIP **101 SUN AVENUE NE  
ALBUQUERQUE NM 87109**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**1/22/02 (505) 821-3355**

Date

Daytime Phone #

CR2E003 (9/01)