

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVE
AND
FILED

02 APR -3 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

U018728 AB

DOCUMENT # **A21315**

1. Entity Name

SEMINOLE MERIDIAN LIMITED PARTNERSHIP

Principal Place of Business

**101 E. STATE STREET
KENNETT SQUARE PA 19348**

Mailing Address

**101 E. STATE STREET
KENNETT SQUARE PA 19348**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

52-1421069

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

DATE

9. Capital Contributions
as Shown on record.

\$500.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$500.00

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

DOCUMENT # **F93000005223**
NAME **MERIDIAN HEALTH, INC.**
STREET ADDRESS **101 E. STATE STREET**
CITY-ST-ZIP **KENNETT SQUARE PA 19348**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

700005257527--4

-04/12/02--01061--003

******141.25 ****141.25**

STREET ADDRESS

CITY-ST-ZIP

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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
JOHN F. X. FUREY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

(V.P. OF
GEN PARTNER)

APR -1 2002 610-925-4098

Date

Daytime Phone #

CR2E003 (9/01)