

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 02, 2000 8:00 am
Secretary of State

DOCUMENT #	A22050
1. Entity Name	
WEBB MEDICAL SERVICES, LTD.	

Principal Place of Business	Mailing Address
1805 S.E. LAKE WEIR AVENUE, SUITE 106 OCALA FL 34471	1805 S.E. LAKE WEIR AVENUE, SUITE 106 OCALA FL 34471-5406



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2102 SW 20th Place Suite, Apt. #, etc. BUILDING 100 City & State OCALA, FL Zip 34474 Country MARION	2102 SW 20th Place Suite, Apt. #, etc. BUILDING 100 City & State OCALA, FL Zip 34474 Country MARION

4. FEI Number	59-2536344	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
WEBB, MICHAEL J M.D. 1805 SE LAKE WEIR AVENUE, STE. 106 OCALA FL 34471

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
2102 SW 20th Place
City
FL
Zip Code
34474

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME	STREET ADDRESS	
NAME	1805 S.W. LAKE WEIR AVE.	CITY - ST - ZIP	
STREET ADDRESS	OCALA FL 34471		
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: <u>Michael J Webb</u>	5/1/00	352-629-5161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date	Daytime Phone #

CR2E003 (9/99)