

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A22050**

1. Entity Name

**WEBB MEDICAL SERVICES, LTD.**

Principal Place of Business

**2102 SW 20TH PLACE, BLDG. 100  
OCALA FL 34474**

Mailing Address

**2102 SW 20TH PLACE, BLDG. 100  
OCALA FL 34474**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**FILED**

**01 SEP 13 PM 12:17**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



**DUE BY SEPTEMBER 26, 2001**

4. FEI Number **59-2536344**

Applied For  
Not Applicable

5. Certificate of Status Desired **XX** **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WEBB, MICHAEL J M.D.**

**2102 SW 20TH PLACE, BLDG. 100  
OCALA FL 34474**

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

*Michael J Webb*

*N/A*

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

**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 #  
NAME **WEBB, MICHAEL J**  
STREET ADDRESS **1805 S.W. LAKE WEIR AVE.**  
CITY-ST-ZIP **OCALA FL 34471**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **2102 SW 20th Place, Bldg. 100**  
CITY-ST-ZIP **Ocala, FL 34474**

DOCUMENT #

NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**600004610366--3**

DOCUMENT #

NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**09/25/01-01055-026**  
**\*\*\*150.00 \*\*\*150.00**

DOCUMENT #

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

*Michael J Webb*

8/6/01

(352) 629-5161

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

0002138 AT

CR2E003 (5/01)