

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A23332**

1. Entity Name

**MEDVEST LIMITED PARTNERSHIP**

FILED

00 MAY -2 PH 4: 20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

725 TALAMORE DR  
P.O.BOX 2002  
AMBLER PA 19002

Mailing Address

725 TALAMORE DR  
P.O.BOX 2002  
AMBLER PA 19002-1815

2. Principal Place of Business

1000 Chesterbrook Blvd

3. Mailing Address

1000 Chesterbrook Blvd

Suite, Apt., etc.

Suite 100

Suite, Apt., etc.

Suite 100

City & State

Berwyn, PA

City & State

Berwyn, PA

4. FEI Number

23-2426477

Applied For

Not Applicable

Zip

19312

Country

USA

Zip

19312

Country

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY  
1201 HAYS ST  
SUITE 105  
TALLAHASSEE FL 32301

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$99.00**

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 # **P11619**  
NAME **MEDVEST CORPORATION**  
STREET ADDRESS **725 TALAMORE DRIVE**  
CITY - ST - ZIP **AMBLER PA 19002**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **1000 Chesterbrook Blvd, Suite 100**  
CITY - ST - ZIP **Berwyn, PA 19312**

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CITY - ST - ZIP

STREET ADDRESS  
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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]*

**SIGNATURE REQUIRED**

James A. Smith III

4/30/00

610-251-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2 (3/9/01)