

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A23333**

1. Entity Name

MEDVEST PARKING LIMITED PARTNERSHIP

FILED

00 MAY -2 PM 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

3. Mailing Address

1000 Chesterbrook Blvd.
Suite, Apt. #, etc.
Suite 100

1000 Chesterbrook Blvd.
Suite, Apt. #, etc.
Suite 100

City & State
Berwyn, PA

City & State
Berwyn, PA

4. FEI Number

23-2426479

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 STREET
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

13. ADDRESS CHANGES ONLY

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

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

DOCUMENT #
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CITY - ST - ZIP

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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:

James A. Smith III

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 #

CR 1001 (UBR)