

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A23387

1. Entity Name

VOLUSIA MERIDIAN LIMITED PARTNERSHIP

Principal Place of Business

Mailing Address

2. Principal Place of Business

101 E. State St.

3. Mailing Address

101 East State Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kennett Square PA

City & State

Kennett Square PA

Zip

19348

Country

USA

Zip

19348

Country

USA

4. FEI Number

52-1493169

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

FILED  
01 MAR 28 AM 7:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Handwritten signature*

6. Name and Address of Current Registered Agent

CT Corporation System  
1200 South Pine 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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions

as Shown on record. \$500

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 # F9300005223  
NAME Meridian Health, Inc.  
STREET ADDRESS 101 E. State St.  
CITY-ST-ZIP Kennett Square PA 19348

13. ADDRESS CHANGES ONLY

STREET ADDRESS  
CITY-ST-ZIP  
STREET ADDRESS 800003992668--0  
CITY-ST-ZIP -04/11/01--01098--025  
\*\*\*\*150.00 \*\*\*\*150.00

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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:

*John F. X. Furley* John F. X. Furley

2-9-01 610-444-6350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)