

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A23387

1. Entity Name
VOLUSIA MERIDIAN LIMITED PARTNERSHIP



FILED

03 FEB 10 PM 4:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
**101 EAST STATE STREET
KENNETT SQUARE PA 19348**

Mailing Address
**101 EAST STATE STREET
KENNETT SQUARE PA 19348**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number **52-1493169**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record.

\$500.00

10. Amount of Capital Contributions in FLORIDA to date.

\$500.00

11. MAKE CHECK PAYABLE TO FL. 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 # NAME STREET ADDRESS CITY-ST-ZIP	F93000005223 MERIDIAN HEALTH, INC. 101 E.STATE STREET KENNETT SQUARE PA 19348
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STREET ADDRESS	
CITY-ST-ZIP	700012231587
STREET ADDRESS	02/10/03--01114--004 **141.25
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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: *Norman Schueftan* **NORMAN SCHUEFTAN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER GENERAL PARTNER
VP-TAXATION OF PARTNER 1/17/03 610-444-6350

CR2E003 (10/02)