2002 UNIFORM BUSINESS REPORT (UBR)

0005354 AT

DOCUMENT # A26124

1. Entity Name

PINELLAS III HEALTHCARE, LTD. (L.P.)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 MAR 28

Principal Place of Business	Mailing Address
200 GALLERIA PARKWAY SUITE 1800 ATLANTA GA 30339	200 GALLERIA PARKWAY SUITE 1800 ATLANTA GA 30339

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, 2002

4. FEI Number 58-1843413 ☐ 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
C T CORPORATION SYSTEM 1200 S. 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.

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

9. Capital Contributions as Shown on record. $200.00

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 #	M99000000515	STREET ADDRESS	
NAME	SBK OF GEORGIA, L.L.C		
STREET ADDRESS	1935 GARRAUX ROAD	CITY-ST-ZIP	AL
CITY-ST-ZIP	ATLANTA GA 30327		
DOCUMENT #	M99000000490	STREET ADDRESS	
NAME	SAK, JR., L.L.C.		
STREET ADDRESS	200 GALLERIA PKWY, SUITE 1800	CITY-ST-ZIP	600005184176--9 -04/03/02--01016--008 ****141.25 ****141.25
CITY-ST-ZIP	ATLANTA GA 30339		
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STAPLE CHECK HERE

CR2E003 (9/01)

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: Samuel B. Kellett 3/19/02 404/233-7281

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

SBK of