

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A28049

1. Entity Name  
ALL CHILDREN'S MEDICAL OFFICE BUILDING LIMITED P  
ARTNERSHIP



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 FEB 14 AM 11:13

Principal Place of Business  
PHYSICIANS OFFICE BUILDING  
880 6TH STREET SOUTH SUITE 190  
ST. PETERSBURG FL 33701

Mailing Address  
PHYSICIANS OFFICE BUILDING  
880 6TH STREET SOUTH SUITE 190  
ST. PETERSBURG FL 33701

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 59-2944240

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

SEXTON, J. DENNIS  
801 SIXTH STREET, SOUTH  
ST. PETERSBURG FL 33701

Name GARY CARNES  
Street Address (P.O. Box Number is Not Acceptable)  
801 Sixth Street South  
City St Petersburg FL Zip Code 33701

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

Jan 8, 2003  
DATE

9. Capital Contributions  
as Shown on record. \$740,021.10

10. Amount of Capital Contributions  
in FLORIDA to date. \$740,021.10

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 # K56074  
NAME ACHPOB, INC.  
STREET ADDRESS 801 SIXTH STREET, SOUTH  
CITY-ST-ZIP ST. PETERSBURG FL

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

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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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1-8-03

Date

Daytime Phone #

CR2E663 (10/02)