

2000 UNIFORM BUSINESS REPORT (UBR)

0015618 AF

DOCUMENT # **A28926**

1. Entity Name

DOCTORS' SPECIAL SURGERY CENTER OF JACKSONVILLE,

FILED

00 APR 13 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

ONE PARK PLAZA
NASHVILLE TN 37203

Mailing Address

P.O. BOX 750
LEGAL DEPT.
NASHVILLE TN 37202-0750

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

62-1600404

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM
1201 HAYES ST.
TALLAHASSEE FL 32301**

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.

\$450,000.00

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 # **P94000083358**
NAME **MEMORIAL HEALTHCARE GROUP, INC.**
STREET ADDRESS **3627 UNIVERSITY BLVD., S., #840**
CITY - ST - ZIP **JACKSONVILLE FL 32216**

STREET ADDRESS

CITY - ST - ZIP

500003225315--0
-04/26/00--01095--023

DOCUMENT # **S57323**
NAME **MHS PARTNERSHIP HOLDINGS JSC, INC.**
STREET ADDRESS **3627 UNIVERSITY BLVD., S., #840**
CITY - ST - ZIP **JACKSONVILLE FL 32216**

STREET ADDRESS

CITY - ST - ZIP

******526.25 ****526.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-12-00

David Benson