

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016947 AT

DOCUMENT # **A28926**



1. Entity Name
DOCTORS' SPECIAL SURGERY CENTER OF JACKSONVILLE, LTD.

FILED

03 MAY -2 PM 7:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
**ONE PARK PLAZA
NASHVILLE TN 37203**

Mailing Address
**P.O. BOX 750
LEGAL DEPT.
NASHVILLE TN 37202**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number **62-1600404**

Applied For

Not Applicable

Zip

Country

Zip

Country

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 S. PINE ISLAND RD.
PLANTATION FL 33324-0000**

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.

300017874203
05/02/03--01047--008526.25**

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

STREET ADDRESS **ONE PARK PLAZA**
CITY-ST-ZIP **NASHVILLE, TN 37203**

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

STREET ADDRESS **ONE PARK PLAZA**
CITY-ST-ZIP **NASHVILLE, TN 37203**

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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

4-22-03 615/344-2162

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE