

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A29106

1. Entity Name

WINTER PARK MRI PARTNERS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33

Principal Place of Business

200 N. LAKEMONT AVE
WINTER PARK FL 32792

Mailing Address

250 SOUTH AUSTRALIAN AVE., 9TH FLOOR
WEST PALM BEACH FL 33401-5018
0

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2979902

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

\$570,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

570,000

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 # 712822
NAME WINTER PARK MEMORIAL HOSPITAL ASSOC., INC.
STREET ADDRESS C/O 200 NORTH LAKEMONT AVE.
CITY - ST - ZIP WINTER PARK FL

STREET ADDRESS
CITY - ST - ZIP 7000003290857--9

DOCUMENT # L53727
NAME MEDI-TEK-WINTER PARK, INC.
STREET ADDRESS 250 SOUTH AUSTRALIAN AVE., 9TH FLOOR
CITY - ST - ZIP WEST PALM BEACH FL 33401

STREET ADDRESS
CITY - ST - ZIP -06/15/00--01046--015
****526.25 ****526.25

DOCUMENT #
NAME
STREET ADDRESS
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:

ANDREW STAN REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/20/00

561/832-1766