

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A29480**

1. Entity Name

FLORIDA MEDICAL CENTER, LTD.

Principal Place of Business

**C/O MARY H. YUMIBE
3820 STATE STREET
SANTA BARBARA CA 93105**

Mailing Address

**C/O MARY H. YUMIBE
3820 STATE STREET
SANTA BARBARA CA 93105**

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

65-0154753

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 SOUTH 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

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

DATE

9. Capital Contributions as Shown on record.

\$4,980,000.00

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 # **L32855**
NAME **MCF, INC.**
STREET ADDRESS **3820 STATE STREET**
CITY-ST-ZIP **SANTA BARBARA CA 93105**

STREET ADDRESS

CITY-ST-ZIP

200005482552--4
-05/07/02--01090--030
*****710.00 *****88.75**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

200005482552--4
-05/07/02--01090--031
*****437.50 ****437.50**

DOCUMENT #
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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

4/15/02

805/563-7075

Date

Daytime Phone #

CR2E003 (9/01)

0020540 AB