

# 2002 UNIFORM BUSINESS REPORT (UBR)

0014854 AT

DOCUMENT # **A29806**

FILED

1. Entity Name

**METRO MEDICAL PLAZA ASSOCIATES, LTD.**

02 MAR 21 PM 4:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>13691 METRO PARKWAY, SOUTH #100 FT. MYERS FL 33912</b>	Mailing Address <b>13691 METRO PARKWAY, SOUTH #100 FT. MYERS FL 33912</b>
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2. Principal Place of Business		3. Mailing Address		<b>DUE BY MAY 1, 2002</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-0224467</b>	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>HOLMES, JOSEPH J</b> <b>13691 METRO PARKWAY, SOUTH</b> <b>#100</b> <b>FT. MYERS FL 33912</b>			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$300,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # NAME STREET ADDRESS CITY-ST-ZIP	<b>K74482</b> <b>METRO MEDICAL PLAZA, INC</b> <b>13691 METRO PARKWAY SOUTH, SUITE 100</b> <b>FT. MYERS FL 33912</b>	STREET ADDRESS	
		CITY-ST-ZIP	<b>800005190888--9</b>
			<b>-04/04/02--01021--013</b>
			<b>***526.25 ***526.25</b>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
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		CITY-ST-ZIP	
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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: *Joseph J. Holmes* PRESIDENT METRO MEDICAL PLAZA ASSOCIATES, LTD. 3/7/02 941-768-5466  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CP2E003 (9/01)

STAPLE CHECK HERE