

2002 UNIFORM BUSINESS REPORT (UBR)

0202963 SP

DOCUMENT # A30546
 1. Entity Name
OCOOE HEALTH CARE PARTNERS LTD., LLLP

FILED
 02 MAR 20 AM 9:13
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
~~670 201 S. BISCAYNE BLVD~~ ~~670 201 S. BISCAYNE BLVD~~
~~1600 MIAMI CENTER~~ ~~1600 MIAMI CENTER~~
~~MIAMI FL 33131~~ ~~MIAMI FL 33131~~

2. Principal Place of Business 3. Mailing Address
470 200 S. Biscayne Blvd *470 200 S. Biscayne Blvd*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 2000 *Suite 2000*
 City & State City & State
Miami FL *Miami FL*
 Zip Country Zip Country
33131 Miami - Dade *33131 Miami - Dade* *USA*

DUE BY MAY 1, 2002
 4. FEI Number **59-3026209** Applied For
 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
FRIEDBAUER, ROGER
~~1600 MIAMI CENTER~~
~~MIAMI FL 33131~~

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
470 200 S. Biscayne Blvd
Suite 2000
 City State Zip Code
Miami FL 33131

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. **\$200,000.00**
 10. Amount of Capital Contributions in FLORIDA to date. **\$200,000.00**

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	
DOCUMENT #	L53759
NAME	OCOOE HEALTH CARE CENTERINC.
STREET ADDRESS	1600 MIAMI CENTER
CITY-ST-ZIP	MIAMI FL
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<i>470 200 S. Biscayne Blvd</i>
CITY-ST-ZIP	<i>Suite 2000</i> <i>Miami FL 33131</i>
STREET ADDRESS	200005153768--8
CITY-ST-ZIP	-03/25/02--01058--012 *****526.25 *****526.25
STREET ADDRESS	
CITY-ST-ZIP	
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**
Roger Friedbauer, Pres. 3/10/02 786-777-8021
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)