

62 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A31624**

1. Entity Name

MANDARIN MEDICAL ARTS, LTD.

Principal Place of Business

**9765 SAN JOSE BLVD.
JACKSONVILLE FL 32217**

Mailing Address

**9765 SAN JOSE BLVD.
JACKSONVILLE FL 32217**

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

59-3064528

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

**BRANT, MOORE, MACDONALD & WELLS, P.A.
50 N. LAURA ST., SUITE 3100
JACKSONVILLE FL 32202**

Name **Brant Abraham, Renter + McCormick PA**
Street Address (P.O. Box Number is Not Acceptable)
50 North Laura Street
2756
City **Jacksonville** FL Zip Code **32202**

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.

DAVID T. ABRAHAM

1/31/02
DATE

9. Capital Contributions as Shown on record.

\$869,000.00

10. Amount of Capital Contributions in FLORIDA to date.

\$869,000.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **S40256**
NAME **MANDARIN MEDICAL ARTS INC.**
STREET ADDRESS **9765 SAN JOSE BLVD.**
CITY-ST-ZIP **JACKSONVILLE FL 32217**

STREET ADDRESS

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/31/02
Date

9042604111
Daytime Phone #

CR2E003 (9/01)

0003471 A1