

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016431 AT

DOCUMENT # **A31856**

1. Entity Name  
**OBYN ASSOCIATES OF OSCEOLA, LTD.**



**FILED**

**03 JAN 30 AM 9:37**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**610 OAK COMMONS BOULEVARD  
KISSIMMEE FL 34741**

Mailing Address  
**610 OAK COMMONS BOULEVARD  
KISSIMMEE FL 34741**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **59-3080272**

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

**GASSMAN, ALAN S.  
1212 COURT STREET, SUITE B  
CLEARWATER FL 34616**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

DATE \_\_\_\_\_

9. Capital Contributions  
as Shown on record. **\$98,137.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # **G59512**  
NAME **OBST. & GYN. ASSOC., P.A.**  
STREET ADDRESS **610 OAK COMMONS BLVD.**  
CITY-ST-ZIP **KISSIMMEE FL**

STREET ADDRESS

CITY-ST-ZIP

**400011199044**  
**01/30/03-01018-006 \*\*526.25**

DOCUMENT #  
NAME  
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CITY-ST-ZIP

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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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**PROSEKOR / GENERAL PARTNER 407-846-7200**  
Date Daytime Phone #

CR2E003 (10/02)