

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A31989**

1. Entity Name

**HEALTH PARK MEDICAL PLAZA ONE ASSOCIATES, LTD.**

FILED

00 FEB -7 PM 4: 15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

9800 S. HEALTHPARK DR. #405  
FORT MYERS FL 33908

Mailing Address

9800 S. HEALTHPARK DR. #405  
FORT MYERS FL 33908-3630



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3063744**

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

**DODSON, DOUGLAS**

**9800 HEALTHPARK CIRCLE, #208**  
**FORT MYERS FL 33908**

Name

Street Address (P.O. Box Number is Not Acceptable)

**9800 S. Health Park Dr. #405**

City

**Ft. Myers**

FL

Zip Code

**33908**

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

*Douglas A. Dodson*  
Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2/2/00**  
DATE

9. Capital Contributions  
as Shown on record.

**\$1,052,238.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

**1,052,238.00**

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 #

**H02526**

NAME

**WELLNESS VENTURES, INC.**

STREET ADDRESS

**9800 HEALTHPARK CIRCLE, SUITE 208**

CITY - ST - ZIP

**FORT MYERS FL 33908**

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

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)(l), 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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*Douglas A. Dodson*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

**2/2/00**  
Date

Daytime Phone #