

2002 UNIFORM BUSINESS REPORT (UBR)

0014619 AT

DOCUMENT # **A31989**

1. Entity Name

HEALTH PARK MEDICAL PLAZA ONE ASSOCIATES, LTD.

LF

FILED

02 APR 23 AM 9:03

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**

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 **59-3063744** 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

**DODSON, DOUGLAS
9800 S. HEALTHPARK DR. #405
FORT MYERS FL 33908**

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.

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

DATE

9. Capital Contributions as Shown on record. **\$1,052,238.00**

10. Amount of Capital Contributions in FLORIDA to date. **1052,238**

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 405**
CITY-ST-ZIP **FORT MYERS FL 33908**

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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 4/8/02**

941-489-0023

CR2E003 (9/01)