

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000000178**

1. Entity Name

DOCTORS' MEDICAL PLAZA ASSOCIATES, LTD.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY 23 PM 1:33



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
6450 38TH AVENUE NORTH, SUITE 310  
ST. PETERSBURG FL 33710

Mailing Address  
6450 38TH AVENUE NORTH, SUITE 310  
ST. PETERSBURG FL 33710-1649

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3124439**

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

MOSS, STEPHEN L  
6450 38TH AVENUE NORTH, SUITE 310  
ST. PETERSBURG FL 33710

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$750,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

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 # **P97000107931**  
NAME **DOCTORS' MEDICAL PLZA MGMT OF PIN CO, INC.**  
STREET ADDRESS **6540 38TH AVE. NORTH, SUITE 310**  
CITY - ST - ZIP **ST. PETERSBURG FL 33710**

STREET ADDRESS

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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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

3-14-00 227  
347-8872

CR2E00: (9/1/9)