2002 UNIFORM BUSINESS REPORT (UBR)

DOCTIORS MEDICAL PLAZA ASSOCIATES, LTD. FIREDOM MEDICAL PLAZA ASSOCIATES, LTD.	200	2 UNIF	DRM BUS	INESS REPO	RT	(UBR)	Do	, u.ED	
Procipal Frace of Business Mosiling Address Str. PETERSBURG FL 33710 Str. PETERSBURG FL 33710 Str. PETERSBURG FL 33710 Suite, Apt. 4, etc. DUE BY MAY 1, 2002 A. Fill Number Str. PETERSBURG FL 33710 Country Zip Country Zip Country Zip Country A. Fill Number Str. Peters State Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Moss, STEPHEN I Street Address (P.G. Box Number is Not Acceptable) Str. PETERSBURG FL 33710 City FL Zio Code City S. State City S. State City S. State City S. State A. Fill Number is Not Acceptable) Street Address (P.G. Box Number is Not Acceptable) City FL Zio Code City FL Zio Code City FL Zio Code City FL Zio Code City S. State Street Address (P.G. Box Number is Not Acceptable) City FL Zio Code City S. State City S. State Street Address (P.G. Box Number is Not Acceptable) City FL Zio Code City S. State Street Address (P.G. Box Number is Not Acceptable) City FL Zio Code City FL Zio Code City FL Zio Code City S. State Street Address (P.G. Box Number is Not Acceptable) City FL Zio Code City S. State Street Address (P.G. Box Number is Not Acceptable) City FL Zio Code City S. State Street Address (P.G. Box Number is Not Acceptable) City S. State Street Address (P.G. Box Number is Not Acceptable) Stree	DOCUMENT # A9300000178 1. Entity Name						SECI	APR 22 PM 3: 3	34
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S. Name and Address of Current Registered Agent MOSS, STEPHEN L GASO 38TH AVENUE NORTH SUITE 310 S.T. PETERSBURG R. 33710 City FL Zip Code 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. B. Capital Contributions Symmetry, peed or press nave of registered agent and time if sections. DATE Symmetry, peed or press nave of registered agent and time if sections. DATE Symmetry, peed or press nave of registered agent and time if sections. DATE Symmetry, peed or press nave of registered agent and time if sections. DATE Symmetry, peed or press nave of registered agent and time if sections. DATE Symmetry, peed or press nave of registered agent, or both, in the State of Florida. DATE Symmetry, peed or press nave of registered agent, or both, in the State of Florida. DATE Symmetry, peed or press nave of registered agent, or both, in the State of Florida. DATE Symmetry, peed or press nave of registered agent, or both, in the State of Florida. DATE Symmetry, peed or press nave of registered agent, or both, in the State of Florida. DATE Symmetry, peed or press nave of registered agent, or both, in the State of Florida. DATE AGENETICAL PLAN ARCHITECTURE THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. MOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to Change agent	Zip Country			Zip	Country		5. Certificate of		\$8.75 Additional
MOSS, STEPHEN L		6. Name and	Address of Current	Registered Agent					
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4. I hereby certify that the information supplied with this filling 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 recurrent and that my signature shall have the same legal effect on	iTY-St̄gZIP		N						

SIGNATURE: __

3.19-02 727-345-8931 Date Daytime Phone #