

APPLICATION FOR
RESTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 APR 23 AM 10:52

FOR
LIMITED PARTNERSHIP
Annual Report 1998
DOCUMENT # A93000000252

1. Name of Limited Partnership

THE MACGREGOR FAMILY LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE.

2. Mailing Address
6717 NW 11TH PLACE

3. Principal Office Address
6717 NW 11TH PLACE

4. Date Formed or Registered
To Do Business in Florida 02/15/1993

Suite, Apt. #, etc.
SUITE C

Suite, Apt. #, etc.
SUITE C

5. FEI Number
59-3168619

City & State
GAINESVILLE, FL

City & State
GAINESVILLE, FL

6. CERTIFICATE OF STATUS DESIRED ☐ Additional Fee required for a Certificate of Status

Zip Country
32605 USA

Zip Country
32605 USA

7. State or Country of Formation FL

8a. Capital Contributions as Shown
on Record
\$1,000.00

FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.
3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.
Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

8b. Amount of Capital Contributions in
FLORIDA to date

9. Name and Address of Current Registered Agent

MACGREGOR, ALEX M.
6717 NW 11TH PLACE, SUITE C
GAINESVILLE, FL 32605

10. If changed, new registered agent/office

Name

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

9000002507149--0

Suite, Apt. #, etc.

05/01/98--01005--005

City

****141.25 ****141.25

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Names of General Partner(s)

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

City, State and Zip Code

11a. Registration
Document Number

MACGREGOR, ALEX M.

6717 NW 11TH PLACE

GAINESVILLE, FL 32605

MACGREGOR, CHRISTINE A.

6717 NW 11TH PLACE

GAINESVILLE, FL 32605

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Alex M. Macgregor

DATE

April 21, 1998

Typed or Printed Name of General Partner Signing Form

ALEX M. MACGREGOR

Telephone Number

352-331-5255

CR2E039 (12/97)

**gainesville
surgical
group P.A.**

**The Macgregor Family Limited Partnership
6717 NW 11th Place, Suite C
Gainesville, FL 32605**

Alex M.C. Macgregor, M.D., F.A.C.S.
General Surgery
Bariatric Surgery

Eric K. Thoburn, M.D., F.A.C.S.
General Surgery
Bariatric Surgery

6717 Northwest 11th Place
Suite C
Gainesville, Florida 32605-4233

(352) 331-5255
(352) 332-3583 Fax

April 20, 1998

**Sandra B. Mortham
Secretary of State
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

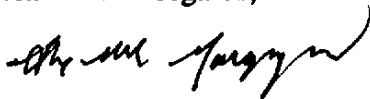
**Sub.: The Macgregor Family Limited Partnership
Document #: A93000000252**

Dear Ms. Mortham:

This letter is to inform you that we did not receive at anytime this year or last year, the necessary documents or fee form at our home address or at the above address as we normally do. We regret not contacting you prior to receiving this recent form. As per our telephone conversation on 4-20-98, I am enclosing the \$141.25 for the Macgregor Family Limited Partnership fee.

If you have any further questions or we can be of any further assistance, please do not hesitate to give us a call at (352) 331-5255.

With kindest regards,



Alex M.C. Macgregor, M.D.

CM:mmb

enclosure: Reinstatement Application