2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000000650

1. Entity Name

NORTHSIDE MEDICAL INVESTORS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -1 PM 12:06

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
222 LAKEVIEW AVE., 17TH FLOOR WEST PALM BEACH FL 33401	222 LAKEVIEW AVE., 17TH FLOOR WEST PALM BEACH FL 33401-6150

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0418557 ☐ 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
REGSERV CORP. 222 LAKEVIEW AVE., 17TH FLOOR WEST PALM BEACH FL 33401	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The abov[e] ... [ch]anging its registered office or registered agent, or both, in the State of Florida.

Regserv Corp.

SIGNATURE By: [signature]

Mark Nussbaum, Vice President

(NOTE: Registered Agent signature required when reinstating)

4/27/00
DATE

9. Capital Contributions as Shown on record. $1,000.00	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 # NAME STREET ADDRESS CITY-ST-ZIP	P93000041337 NORTHSIDE MEDICAL EQUITY CORPORATION 222 LAKEVIEW AVE., 17TH FLOOR WEST PALM BEACH FL 33401	STREET ADDRESS CITY-ST-ZIP	
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CR2E003 (9/99)

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 Patrick J. DiSalvo Vice President 4/27/00 (561) 655-9008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #