# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000000650

1. Entity Name

NORTHSIDE MEDICAL INVESTORS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 FEB 16 PM 1:15

| Principal Place of Business | Mailing Address |
|---|---|
| 222 LAKEVIEW AVE.. 17TH FLOOR<br>WEST PALM BEACH FL 33401 | 222 LAKEVIEW AVE.. 17TH FLOOR<br>WEST PALM BEACH FL 33401 |

DO NOT WRITE IN THIS SPACE MJH

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Gardens Corporate Center<br>3801 PGA Boulevard, Suite 555<br>Palm Beach Gardens, FL 33410 | Gardens Corporate Center<br>3801 PGA Boulevard, Suite 555<br>Palm Beach Gardens, FL 33410 |

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.<br>222 LAKEVIEW AVE., 17TH FLOOR<br>WEST PALM BEACH FL 33401 | REGSERV CORP.<br>Gardens Corporate Center<br>3801 PGA Boulevard, Suite 555<br>Palm Beach Gardens, FL 33410 |

FL Zip Code

8. REGSERV CORP.
By: Lawrence B. Juran, Vice President
s registered office or registered agent, or both, in the State of Florida.
Sl (NOTE: Registered Agent signature required when reinstating) DATE 1/23/01

| 9. Capital Contributions as Shown on record. | 10. Amount of Capital Contributions in FLORIDA to date. | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION |
|---|---|---|
| $1,000.00 | | |

**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 # | P93000041337 | STREET ADDRESS | Gardens Corporate Center<br>3801 PGA Boulevard, Suite 555<br>Palm Beach Gardens, FL 33410 |
| NAME | NORTHSIDE MEDICAL EQUITY CORPORATION | CITY-ST-ZIP | |
| STREET ADDRESS | 222 LAKEVIEW AVE., 17TH FLOOR | | |
| CITY-ST-ZIP | WEST PALM BEACH FL 33401 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | 000003746210--8<br>-02/21/01--01111--018<br>****141.25 ****141.25 |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
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| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

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 1/30/01 (561)630-5055

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

CR2E003 (11/00)

000000690 AF