

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A93000000650

1. Entity Name

NORTHSIDE MEDICAL INVESTORS, LTD.

Principal Place of Business

GARDENS CORPORATE CENTER
3801 PGA BOULEVARD, SUITE 555
PALM BEACH GARDENS FL 33410

Mailing Address

GARDENS CORPORATE CENTER
3801 PGA BOULEVARD, SUITE 555
PALM BEACH GARDENS FL 33410

2. Principal Place of Business

3. Mailing Address

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 APR -5 AM 11:47

ER 4/9



3801 PGA Boulevard
Suite 600
Palm Beach Gardens, FL 33410

3801 PGA Boulevard
Suite 600
Palm Beach Gardens, FL 33410

DUE BY MAY 1, 2002

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.
GARDENS CORPORATE CENTER
3801 PGA BOULEVARD, SUITE 555
PALM BEACH GARDENS FL 33410

REGSERV CORP.
3801 PGA Boulevard
Suite 600
Palm Beach Gardens, FL 33410

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.

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 # P93000041337
NAME NORTHSIDE MEDICAL EQUITY CORPORATION
STREET ADDRESS 3801 PGA BOULEVARD, SUITE 555 600
CITY-ST-ZIP PALM BEACH GARDENS FL 33410

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
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CITY-ST-ZIP

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CR2E003 (9/01)

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Patrick J. DiSalvo
Vice President

2/29/02
Date

561-630-5055