

2000 UNIFORM BUSINESS REPORT (UBR)

0000561 AF

DOCUMENT # **A93000001055**

1. Entity Name

HEALTH PROPERTIES, LTD.

FILED
00 APR 18 AM 8:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

4/20

Principal Place of Business 5115 ORTEGA FARMS BLVD. JACKSONVILLE FL 32210	Mailing Address 5115 ORTEGA FARMS BLVD. JACKSONVILLE FL 32210-7416
---	--

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 59-3213223	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GALACTIC ENTERPRISES CORPORATION 5115 ORTEGA FARMS BLVD. JACKSONVILLE FL 32210		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
---	--	------------

9. Capital Contributions as Shown on record. \$525,000.00	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 #	P93000070855	STREET ADDRESS	300003217709-0
NAME	GALACTIC ENTERPRISES CORPORATION	CITY - ST - ZIP	-04/20/00-01113-006
STREET ADDRESS	5115 ORTEGA FARMS BLVD.		****526.25 ****526.25
CITY - ST - ZIP	JACKSONVILLE FL 32210		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	SIGNATURE REQUIRED	Date 4/11/00 (904) 564-5760
	George Mayzell	

CR2E003 (9/99)