

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A 93000001081

1. Entity Name
HIALEAH MEDICAL PLAZA LTD.

FILED

02 APR 18 AM 10:23

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 2. Principal Place of Business 6500 N.W. 72 Avenue | 3. Mailing Address 6500 N.W. 72 Avenue |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

DUE BY MAY 1

| | | | |
|---|---|---|---------------------------------------|
| City & State MIAMI, FLORIDA | City & State MIAMI, FLORIDA | 4. FEI Number 65-0460250 | Applied For Not Applicable |
| Zip 33166 | Country USA | Zip 33166 | Country USA |
| | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
LUIS R. CHALBAUD

Street Address (P.O. Box Number is Not Acceptable)
6500 N.W. 72 Avenue

City Miami, **FL** **Zip Code** 33166

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 **DATE** 4/8/02

Signature, typed or printed name of registered agent and state if applicable

| | | |
|--|---|--|
| 9. Capital Contributions as Shown on record. 974,447.00 | 10. Amount of Capital Contributions in FLORIDA to date. 974,447.00 | 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 | | | |
|---------------------------------|-------------------------|---------------------|--|
| DOCUMENT # | NAME | STREET ADDRESS | CITY-ST-ZIP |
| P93000067597 | THAIS INVESTMENTS CORP. | 6500 N.W. 72 Avenue | Miami, Fla 33166 |
| | | | 400005350114-- -04/26/02--01007--005 ***535.00 ***535.00 |
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **Luis R. Chalbaud, President**
Thais Investments Corp. **4/11/02** **(305) 477-9886**

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

STAPLE CHECK HERE

CR2E03B (12/01)