

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000001125**

1. Entity Name

**DIXIE HEALTH CARE CENTERS, L.P. (LIMITED PARTNER SHIP)**

Principal Place of Business

**4415 PHEASANT RIDGE ROAD, SUITE 301  
ROANOKE VA 24014**

Mailing Address

**4415 PHEASANT RIDGE ROAD, SUITE 301  
ROANOKE VA 24014**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY MAY 1, 2002**

4. FEI Number

**54-1691902**

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

**NRAI SERVICES, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE FL 32301**

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

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

DATE

9. Capital Contributions  
as Shown on record.

**\$500.00**

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 # **M00000001808**  
NAME **DIXIE INVESTORS, LLC**  
STREET ADDRESS **4415 PHEASANT RIDGE ROAD, SUITE 301**  
CITY-ST-ZIP **ROANOKE VA 24014**

STREET ADDRESS

CITY-ST-ZIP

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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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/2/02

Date

540772 6329

Daytime Phone #

0019021 AB

CR2E003 (9/01)

APPROVED  
AND  
FILED

02 APR -8 PM 3:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



STAPLE CHECK HERE