

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A94000000786**

1. Entity Name

**SAWGRASS MEDICAL CENTER PHASE II, LTD.**



FILED

03 FEB 24 AM 9:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**6129 S.W. 70TH STREET, SECOND FLOOR  
MIAMI FL 33143**

Mailing Address  
**P.O. BOX 43-2810  
SOUTH MIAMI FL 33243-2810**

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, 2003**

4. FEI Number **65-0504254**

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

**BURNS, FREDERIC B  
6129 S.W. 70TH STREET, SECOND FLOOR  
MIAMI FL 33143**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**100010963521  
01/27/03--01077--002 FL \*\*\*427 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions as Shown on record.

**\$490,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 # **313853**  
NAME **INVESTMENT CORPORATION OF AMERICA**  
STREET ADDRESS **6129 S.W. 70TH STREET, SECOND FLOOR**  
CITY-ST-ZIP **MIAMI FL 33143**

STREET ADDRESS

CITY-ST-ZIP

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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

**Fredric B. Burns, President**

1-13-03 305-661-5058

CR2E003 (10/02)