

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012400 A1

DOCUMENT # **A94000000920**

1. Entity Name  
**DELRAY OUTPATIENT SURGERY & LASER CENTER, LTD.**



FILED

03 MAR -5 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**4800 LINTON BLVD.  
BLDG. B  
DELRAY BEACH FL 33445**

Mailing Address  
**4800 LINTON BLVD.  
BLDG. B  
DELRAY BEACH FL 33445**



2. Principal Place of Business  
**c/o Mary H. Yumibe**

3. Mailing Address  
**c/o Mary H. Yumibe**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**3820 State Street**

**3820 State Street**

City & State

City & State

**Santa Barbara, CA**

**Santa Barbara, CA**

Zip

Zip

**93105**

Country

**Santa Barbara**

Country

**Santa Barbara**

**DUE BY MAY 1, 2003**

4. FEI Number **65-0557950**

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

**MELLMAN, ROBERT  
4800 LINTON BLVD.  
BLDG. B  
DELRAY BEACH FL 33445**

Name **C T Corporation System**

Street Address (P.O. Box Number is Not Acceptable)  
**1200 S. Pine Island Road**

City **Plantation** **FL** Zip Code **33324**

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 *Connie Bryan*  
Signature, typed or printed name of registered agent and fee if applicable.

**CONNIE BRYAN  
SPECIAL ASSISTANT SECRETARY**

3/5/2003  
DATE

9. Capital Contributions as Shown on record. **\$775,000.00**

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 # **K90618**  
NAME **NMV-II, INC.**  
STREET ADDRESS **3820 STATE STREET**  
CITY-ST-ZIP **SANTA BARBARA CA 93105**

STREET ADDRESS  
CITY-ST-ZIP  
**700014098157**  
**03/14/03--01099--011 \*\*88.75**

DOCUMENT #  
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**700014098157**  
**03/14/03--01099--012 \*\*437.50**

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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: *Richard B. Silver* **1/23/03** **805/563-7075**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)