

2000 UNIFORM BUSINESS REPORT (UBR)

REINSTATEMENT 2000

000211 AF

DOCUMENT# A94000001269

1. Entity Name

CENTRAL FLORIDA INTEGRATED PHYSICIANS ASSOCIATES

MGMT PARTNERS, L.P.

Principal Place of Business

845 N. GARLAND AVE., STE. 200
ORLANDO FL 32801

Mailing Address

845 N. GARLAND AVE., STE. 200
ORLANDO FL 32801-1095

2. Principal Place of Business

501 N. Wymore Road

Suite, Apt. #, etc.

Suite 200

City & State

Winter Park FL

Zip

32789

Country

USA

3. Mailing Address

501 N. Wymore Road

Suite, Apt. #, etc.

Suite 200

City & State

Winter Park FL

Zip

32789

Country

USA

4. FEI Number

59-3260647

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUTCHINSON, GIL

845 N. GARLAND AVE., STE. 200
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

U.S. Corporation Company (CSC)

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

1201 Hays Street

City

Tallahassee

FL

Zip Code

32301

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$1,000.00

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

DOCUMENT # P94000048477
NAME NORTH AMERICAN MEDICAL MGMT. OF FLA., INC.
STREET ADDRESS 845 GARLAND AVE., STE. 200
CITY - ST - ZIP ORLANDO FL 32801

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

501 N. Wymore Road, #200

CITY - ST - ZIP

Winter Park FL 32789

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

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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)(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

Date

Daytime Phone #

CR2E003 (9/99)