2000	UNIFORM	BUSII	NESS RE	PORT	r (UBF	2)		a Termas	<b>- 6</b> 0 − 13 − 1		002
DOCUMENT # A9400001269  1. Entity Name  CENTRAL FLORIDA INTEGRATED PHYSICIANS ASSOCIATES  MEMT PARAMERS, L.P.							REINST	AICIVE		1000	: ≰
							SECRETARY OF STATE DIVISION OF CORPORATIONS				
Principal Plac	e of Business IND AVE STE. 200		Mailing Address 845 N. GARLAND A ORLANDO FL 3280		00		00	NOV -2 P	411: 02 	rf	
2. Principal P	Jace of Business		3. Mailing Address		<del></del>						
501 N. Wymore Kuad 501 N. Wymor Suite: Apt. #, etc. Suite, Apt. #, etc. 200 Suite 200					Road	DO NOT WRITE IN THIS SPACE					
City & State		-	City & State Uniter	Park	FL juntry	-	4. FEI Number 59-	3260647	<del> </del>	Applied For Not Applicable	
32	6. Name and Address	o of Current Re	32789 gistered Agent	L Ŭ	ĬŠA		<ol> <li>Certificate of Status</li> <li>Name and Address</li> </ol>		Fee Requ		
HUTCHINSON, GIL 845 N. GARLAND AVE., STE. 200 ORLANDO FL 32801						ddress (P	OR OOR A-CO O Box Number is Not A O1 Hays Str	Conpa Acceptable) eet	ny (C	3c)	
<u> </u>					City		llahassee		Zip Co	2301	
8: The above	named entity submits this	De	<i>X</i> 2	as	a R. Dü its agei	nt		State of Florida.  / O/	24/0	<u> </u>	
9. Capital Contributions as Shown on record.  \$1,000.00  10. Amount of Capital Contributions in FLORIDA to date										OF STATE	1
	A GENERAL P			A to date.		_		EE REVERSE SIDE			
12.	NOIE. General P	PARTNER TH	AT IS A BUSINES	A to date.	MUST BE	REGIST	ERED AND ACTIVE must be filed to cha	EE REVERSE SIDE WITH THIS OFF ange a general	FOR FEE INF ICE. partner.		
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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

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

BE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #