

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A94000001270

1. Entity Name

CENTRAL FLORIDA INTEGRATED PHYSICIANS ASSOCIATES
Management Investors

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.
200

3. Mailing Address

501 N. Wymore Road
Suite, Apt. #, etc.
200

City & State

Winter Park, FL

City & State

Winter Park, FL

Zip

32789

Country

USA

Zip

32789

Country

USA

4. FEI Number

59-3260645

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

HUTCHINSON, GIL

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

Name

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.

Laura R. Dunlap
as its agent

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

10/24/00

9. Capital Contributions
as Shown on record.

\$1,000,000.00

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 # A94000001269
NAME CENT FL INT PHYSCNS ASSOC MGMT PTNRS, L.P.
STREET ADDRESS 7485 CONROY-WINDERMERE ROAD, SUITE C-1
CITY - ST - ZIP ORLANDO FL 32835

13. ADDRESS CHANGES ONLY

STREET ADDRESS

600003457186--3

CITY - ST - ZIP

-11/08/00--01045--016

***1026.25 ***1026.25

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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STREET ADDRESS

CITY - ST - ZIP

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

10/17/00

REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV -2 PM 11:02



DO NOT WRITE IN THIS SPACE

0001912

CFR2E003 (9/99)