

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000000044

1. Entity Name

MARTIN MEMORIAL SURGERY CENTER, LTD.

FILED

00 MAY -2 PM 4: 20

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

Principal Place of Business 509 RIVERSIDE DRIVE STUART FL 34994	Mailing Address 509 RIVERSIDE DRIVE STUART FL 34994-2500
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0556038	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HARMAN, RICHMOND M 300 HOSPITAL AVE. STUART FL 34996

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

9. Capital Contributions as Shown on record.	\$900,000.00
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10. Amount of Capital Contributions in FLORIDA to date.	
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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 # NAME STREET ADDRESS CITY - ST - ZIP	766843 COASTAL CARE CORPORATION 509 RIVERSIDE DRIVE STUART FL 34994
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13. ADDRESS CHANGES ONLY	
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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: *R.M. Harman*
R.M. Harman
COASTAL CARE CORP.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **4/27/2000** Daytime Phone # **(561) 287-5200**

100003300441--6