

2001 UNIFORM BUSINESS REPORT (UBR)

0013112 AF

DOCUMENT # A95000000044

1. Entity Name
MARTIN MEMORIAL SURGERY CENTER, LTD.

FILED

01 MAY -3 PM 12:06

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address

509 RIVERSIDE DRIVE **509 RIVERSIDE DRIVE**
STUART FL 34994 **STUART FL 34994**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **65-0556038** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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 _____ (NOT Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$900,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **711,096.25**

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 #	766843
NAME	COASTAL CARE CORPORATION
STREET ADDRESS	509 RIVERSIDE DRIVE
CITY-ST-ZIP	STUART FL 34994
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	200004333802--7
CITY-ST-ZIP	-05/30/01--01032--001
STREET ADDRESS	****526.50 ****526.50
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Richmond M. Harman* **Richmond M. Harman** *Coastal Care Corp.* **President/CEO**

Date: **4/26/2001** Daytime Phone #: **(561) 287-5200**

CR2E003 (11/00)