

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAY -1 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A95000000044

1. Entity Name

MARTIN MEMORIAL SURGERY CENTER, LTD.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

509 RIVERSIDE DRIVE

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 9010

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

DUE BY MAY-1

City & State

STUART, FL

City & State

STUART, FL

4. FEI Number

65-0556038

Applied For

Not Applicable

Zip
34994

Country
MARTIN

Zip
34995

Country
MARTIN

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

HARMAN, RICHMOND M

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

300 HOSPITAL AVE.

City

STUART

FL

Zip Code

34996

**DO NOT WRITE
IN THIS SPACE**

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.

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

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

0000000000 (12/01)

STAPLE CHECK HERE