

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016790 AT

DOCUMENT # **A95000000044**

1. Entity Name
MARTIN MEMORIAL SURGERY CENTER, LTD.



FILED

03 APR 28 AM 8:38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

Principal Place of Business
**509 RIVERSIDE DRIVE
STUART FL 34994**

Mailing Address
**P.O. BOX 9010
STUART FL 34995**

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

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARMAN, RICHMOND M
300 HOSPITAL AVE.
STUART FL 34996**

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. I am familiar with, and accept the obligations of registered agent.

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.

11. **MAKE CHECK PAYABLE TO FL. 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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS

CITY-ST-ZIP

600017198676

04/26/03--01083--020 **526.25

DOCUMENT #
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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 PRES. CURED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/11/2003

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE