

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

4/28

DUE BY MAY 1, 2003

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0556038**

Applied For

Not Applicable

Zip Country

Zip Country

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

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

600017198676
04/26/03--01089--020 **526.25

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: *B. M. ...*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/11/2003
Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE