

2000 UNIFORM BUSINESS REPORT (UBR)

0000982 AF

DOCUMENT # **A95000000315**

1. Entity Name

MEDICAL EQUITIES PARTNERS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 25 PM 1:25

Principal Place of Business

4555 EMERSON EXPRESSWAY, STE. 200
JACKSONVILLE FL 32201

Mailing Address

1802 LARGO RD.
JACKSONVILLE FL 32207

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3303824

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEWIS, BRETT J

**4555 EMERSON EXPRESSWAY, STE. 200
JACKSONVILLE FL 32201**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions
as Shown on record.

\$1,150,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **L65721**
NAME **MEDICAL EQUITIES PARTNERS, INC.**
STREET ADDRESS **4651 SALISBURY ROAD, SUITE 155**
CITY-ST-ZIP **JACKSONVILLE FL 32256**

STREET ADDRESS
CITY-ST-ZIP **400003335624--3**
-07/25/00--01083--001
*****2026.25 ****926.25**

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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 689, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/11/00
Date

399-5994
Daytime Phone #

CP2E003 (5/00)