

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000001213

1. Entity Name

ATLANTIS MEDICAL CENTER II LIMITED PARTNERSHIP

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 24 AM 3:05

Principal Place of Business

% KIRK FRIEDLAND, ESQUIRE  
501 S. FLAGLER DRIVE., STE 505  
WEST PALM BEACH FL 33401

Mailing Address

% KIRK FRIEDLAND, ESQUIRE  
501 S. FLAGLER DRIVE., STE 505  
WEST PALM BEACH FL 33401-5913

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

65-0614500

Applied For

Not Applicable

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

FRIEDLAND, KIRK  
501 S. FLAGLER DR., APT. 505  
WEST PALM BEACH FL 33401

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)

DATE

9. Capital Contributions  
as Shown on record.

\$700,000.00

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 # P95000044135  
NAME ATLANTIS PHYSICIANS II, INC.  
STREET ADDRESS 501 S. FLAGLER DR. #505  
CITY - ST - ZIP W. PALM BEACH FL 33401

STREET ADDRESS

CITY - ST - ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Flourish Butler, President ATLANTIS PHYSICIANS II, INC

CR2E003 (9/99)