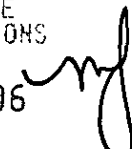


2000 UNIFORM BUSINESS REPORT (UBR)

0006837 AF

DOCUMENT # **A96000001030**

1. Entity Name
SRH I INVESTORS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY -1 PM 12:06 

Principal Place of Business
**222 LAKEVIEW AVE., 17TH FLOOR
WEST PALM BEACH FL 33401**

Mailing Address
**222 LAKEVIEW AVE., 17TH FLOOR
WEST PALM BEACH FL 33401-6150**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Zip Country

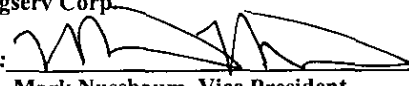
City & State
Zip Country

4. FEI Number **65-0682658**
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**REGSERV CORP.
222 LAKEVIEW AVE., 17TH FLOOR
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above **Regserv Corp.** changing its registered office or registered agent, or both, in the State of Florida.
By: 
SIGNATURE **Mark Nussbaum, Vice President**
(NOTE: Registered Agent signature required when reinstating) **4/27/00** DATE

9. Capital Contributions as Shown on record. **\$1,000.00**

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 # NAME STREET ADDRESS CITY - ST - ZIP	A96000001029 SRH I MEDICAL EQUITY INVESTORS, LTD. 222 LAKEVIEW AVE., 17TH FLOOR WEST PALM BEACH FL 33401	STREET ADDRESS CITY - ST - ZIP	
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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 620, Florida Statutes

SIGNATURE:  **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Patrick J. DiSalvo **4/27/00 (561) 655-9008**
Vice President Date Daytime Phone #

FORM 1000-000-000