

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

000231 AV

**DOCUMENT #** A96000001030

1. Entity Name  
SRH I INVESTORS, LTD.



FILED

03 APR 30 AM 5:35

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH

Principal Place of Business  
3801 PGA BOULEVARD, SUITE 600  
PALM BEACH GARDENS FL 33410

Mailing Address  
3801 PGA BOULEVARD, SUITE 600  
PALM BEACH GARDENS FL 33410



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4/30

DUE BY MAY 1, 2003

6. Name and Address of Current Registered Agent

**REGSERV CORP.**  
3801 PGA BOULEVARD, SUITE 600  
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
60001 7350536  
04/30/03--01020--002 \*\*141 25  
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. **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$1,000.00**

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 #	A96000001029	STREET ADDRESS	
NAME	SRH I MEDICAL EQUITY INVESTORS, LTD.	CITY-ST-ZIP	
STREET ADDRESS	3801 PGA BOULEVARD, SUITE 600		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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 REQUIRED**

SIGNATURE AND PRINTED NAME OF REGISTERING GENERAL PARTNER

**Vice President**

Date: 4/1/03 Daytime Phone #: (561) 630-5055

SAMPLE CHECK HERE

CR2E003 (10/02)