

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001072

1. Entity Name

THE CONNIE RODRIGUEZ FAMILY LIMITED PARTNERSHIP #1

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAY -2 PM 1:33

Principal Place of Business  
7900 NOVA DRIVE, SUITE 200  
DAVIE FL 33324

Mailing Address  
7900 NOVA DRIVE, SUITE 200  
DAVIE FL 33324-5821



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0689300

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

RODRIGUEZ, CONNIE  
7900 NOVA DRIVE, SUITE 200  
DAVIE FL 33324

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.

\$49,500.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$49,500.00

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 # P95000083407  
NAME MED-PSYCH HEALTHCARE SERVICES, INC.  
STREET ADDRESS 7900 NOVA DRIVE, SUITE 200  
CITY - ST - ZIP DAVIE FL 33324

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

STREET ADDRESS

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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

RAA 7000 0520 0014 8145 8786

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/26/2000

954.452.8100

Date

Daytime Phone #