


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # A96000001256 1. Entity Name BONE AND JOINT TREATMENT CENTERS OF SOUTH FLORIDA, LTD.	
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Principal Place of Business 1841 WEST OAK PKWY, STE A MARIETTA, GA 30062	Mailing Address 1841 WEST OAK PKWY, STE A MARIETTA, GA 30062
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

01152004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0695010	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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

DATE

9. Capital Contributions
as Shown on record. **\$500,000.00**

10. Amount of Capital Contributions
in FLORIDA to date. **\$500,000.00**

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

DOCUMENT #	M00000002456
NAME	HT ORTHOTRIPSY MANAGEMENT COMPANY, L.L.C.
STREET ADDRESS	1841 WEST OAK PARKWAY, SUITE A
CITY-ST-ZIP	MARIETTA, GA 30062

13. ADDRESS CHANGES ONLY

STREET ADDRESS	UN000000069326
CITY-ST-ZIP	02/29/04 60005-005 526.25

DOCUMENT #	
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Ted S. Biderman, Secretary

1/16/04

(770) 419-0691

STAPLE CHECK HERE