

2000 UNIFORM BUSINESS REPORT (UBR)

0003330

DOCUMENT # **A97000000873**

1. Entity Name

PREFERRED MEDICAL GROUP LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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mf



Principal Place of Business

C/O PREFERRED MEDICAL GROUP, INC.
300 N. DREW COURT
DULUTH GA 30094

Mailing Address

C/O PREFERRED MEDICAL GROUP, INC.
300 N. DREW COURT
DULUTH GA 30094

2. Principal Place of Business

C/O Preferred Medical Group, Inc.

3. Mailing Address

C/O Preferred Medical Group, Inc.

Suite, Apt. #, etc.

5150 Tamiami Trail N, Suite 503

Suite, Apt. #, etc.

5150 Tamiami Trail North, Suite 503

City & State

Naples, FL

City & State

Naples, FL

Zip

34103

Country

U.S.A.

Zip

34103

Country

U.S.A.

4. FEI Number

59-3447730 3444773

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WILSON, GEORGE A
821 FIFTH AVENUE SOUTH, #201
NAPLES FL 34102

7. Name and Address of New Registered Agent

Name *Holton, Don*
Street Address (P.O. Box Number is Not Acceptable) *5150 Tamiami Trail North, Suite 503*
City *Naples, FL* Zip Code *34103*

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 *Don Holton, Chairman of the Board*

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

(NOTE: Registered Agent signature required when reinstating)

7/17/00

DATE

9. Capital Contributions as Shown on record.

\$1,000,000.00

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

DOCUMENT # **P97000021603**
NAME **PREFERRED MEDICAL GROUP, INC.**
STREET ADDRESS **300 N. DREW COURT**
CITY-ST-ZIP **DULUTH GA 30155**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

7/17/00

Date

941-430-8089

Daytime Phone #

CR2E003 (5/00)