

2001 UNIFORM BUSINESS REPORT (UBR)

0010724 AF

DOCUMENT # A97000000873

1. Entity Name
PREFERRED MEDICAL GROUP LIMITED PARTNERSHIP

mf

FILED

01 MAR 30 AM 11:51

SECRETARY OF STATE
FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business: C/O PREFERRED MEDICAL GROUP, INC. 5150 TAMiami TRAIL NORTH, SUITE 505 NAPLES FL 34103

Mailing Address: C/O PREFERRED MEDICAL GROUP, INC. 5150 TAMiami TRAIL NORTH, SUITE 505 NAPLES FL 34103

2. Principal Place of Business: Suite, Apt. #, etc. **Suite 400**

3. Mailing Address: Suite, Apt. #, etc. **Suite 400**

City & State: [Blank]

City & State: [Blank]

4. FEI Number: **59-3444773**

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

Applied For: Not Applicable

6. Name and Address of Current Registered Agent
AGUIS, BRENDA
5150 TAMiami TRIAL NORTH, SUITE 400
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name: [Blank]

Street Address (P.O. Box Number is Not Acceptable): [Blank]

City: [Blank] FL Zip Code: [Blank]

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. Capital Contributions as Shown on record: **\$1,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date: [Blank]

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
DOCUMENT #	[Blank]
NAME	[Blank]
STREET ADDRESS	[Blank]
CITY-ST-ZIP	[Blank]
DOCUMENT #	[Blank]
NAME	[Blank]
STREET ADDRESS	[Blank]
CITY-ST-ZIP	[Blank]
DOCUMENT #	[Blank]
NAME	[Blank]
STREET ADDRESS	[Blank]
CITY-ST-ZIP	[Blank]

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	[Blank]
CITY-ST-ZIP	[Blank]
STREET ADDRESS	[Blank]
CITY-ST-ZIP	[Blank]
STREET ADDRESS	[Blank]
CITY-ST-ZIP	[Blank]
STREET ADDRESS	[Blank]
CITY-ST-ZIP	[Blank]
STREET ADDRESS	[Blank]
CITY-ST-ZIP	[Blank]
STREET ADDRESS	[Blank]
CITY-ST-ZIP	[Blank]

9000003493338-6
-04/12/01--01014--024
***526.25 ***526.25

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: *Brenda Aguis* **3/22/01** **941 430 8089**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)