

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # A97000001271

1. Entity Name
EEN PARTNERSHIP, LTD.

00 MAR 29 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
ERNST NICOLITZ, M.D.
1431 CADDELL DR.
JACKSONVILLE FL 32207

Mailing Address
ERNST NICOLITZ, M.D.
1431 CADDELL DR.
JACKSONVILLE FL 32217-2302

mf4/6



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1235 San Marco Blvd.
Suite, Apt. #, etc.
Suite 301

3. Mailing Address
1235 San Marco Blvd.
Suite, Apt. #, etc.
Suite 301

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number 59-3457458

Applied For
Not Applicable

Zip
32207

Country
USA

Zip
32207

Country
USA

5. Certificate of Status Desired ☒ \$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

COLEMAN, C. RANDOLPH
9250 BAYMEADOWS RD., STE. 230
JACKSONVILLE FL 32256

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.

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. \$600,000.00

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 #
NAME NICOLITZ, ERNST M.D.
STREET ADDRESS 1431 CADDELL DRIVE
CITY - ST - ZIP JACKSONVILLE FL 32217

DOCUMENT #
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CITY - ST - ZIP

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13. ADDRESS CHANGES ONLY

STREET ADDRESS
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

Ernst Nicolitz, M.D.

SIGNATURE: *Ernst Nicolitz*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

02/10/00

(904) 398-2720

Date

Daytime Phone #

CR2E003 (9/99)