

2002 UNIFORM BUSINESS REPORT (UBR)

0016591 AT

DOCUMENT # **A97000001298**

1. Entity Name

PANHANDLE PHYSICIAN PRACTICES, LTD.

FILED

02 APR 17 AM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

**ONE PARK PLAZA
NASHVILLE TN 37203**

Mailing Address

**P.O. BOX 750
LEGAL DEPT
NASHVILLE TN 37202**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

62-1699763

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

**THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

Name **CT Corporation System**
Street Address (P.O. Box Number is Not Acceptable) **1200 South Pine Island Road**
City **Plantation** FL Zip Code **33324**

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

**JENNIFER F AULTMAN
ASSISTANT SECRETARY**

4-11-02
DATE

9. Capital Contributions as Shown on record.

\$1,000.00

10. Amount of Capital Contributions as Shown on record.

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 #	P97000049303
NAME	NORTH FLORIDA DIVISION PRACTICE, INC.
STREET ADDRESS	ONE PARK PLAZA
CITY-ST-ZIP	NASHVILLE TN 37203
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	-04/22/02--01074--002
	****141.25 ****141.25
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STREET ADDRESS	
CITY-ST-ZIP	
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 REQUIRED
David L. Benson Assistant Sec. 3-22-02 344-2190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)