

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016843 AT

DOCUMENT # A97000001298

1. Entity Name  
PANHANDLE PHYSICIAN PRACTICES, LTD.



FILED

03 APR 30 AM 10:33

Principal Place of Business  
ONE PARK PLAZA  
NASHVILLE TN 37203

Mailing Address  
P.O. BOX 750  
LEGAL DEPT  
NASHVILLE TN 37202

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324-0000

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.

\$1,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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

STREET ADDRESS

CITY-ST-ZIP

400017610934  
04/30/03-01000-007 \*\*141.25

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-22-03 6:15/344-2162  
Date Daytime Phone #

DORA L. BLACKWOOD, VICE PRESIDENT AND ASSISTANT SECRETARY

CR2E003 (10/02)

STAPLE CHECK HERE