

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001675**

1. Entity Name

DIAGNOSTIC ASSOCIATES OF PALM BEACH GARDENS, LTD

Principal Place of Business

Mailing Address

**3801 PGA BLVD., SUITE 505
PALM BEACH GARDENS FL 33140**

**C/O MARY H. YUMIBE
3820 STATE STREET
SANTA BARBARA CA 93105-3112**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0773517

Applied For

Not Applicable

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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.

\$1,189,791.20

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **373650**
NAME **PALM BEACH GARDENS COMMUNITY HOSPITAL, INC**
STREET ADDRESS **3360 BURNS ROAD**
CITY - ST - ZIP **PALM BEACH FL 33410**

STREET ADDRESS **800003217458--4**
CITY - ST - ZIP **-04/21/00--01003--027**
******437.50 ****437.50**

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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

Palm Beach Gardens Community Hospital, Inc., GP

SIGNATURE: By **[Signature]** Asst. Secretary

4/11/00

805/563-7075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #