

# 2004 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A97000002228

1. Entity Name  
HAMPTON FACILITIES, LTD.



Principal Place of Business  
3475 S SUNCOAST BLVD.  
HOMOSASSA, FL 34448

Mailing Address  
P.O. BOX 3087  
HOMOSASSA SPRINGS, FL 34447

FILED  
2004 NOV -3 PM 1:08  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

11022004 REIN-LP CR2E100 (6/04)

4. FEI Number  
59-3485907

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

DIXON, KEVIN K  
320 HIGHWAY 41 SOUTH  
INVERNESS, FL 34450

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. \$750,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

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 #

NAME

STREET ADDRESS

CITY - ST - ZIP

DIXON, WILLIAM L  
403 W. HIGHLANDS BLVD.  
INVERNESS, FL 34452

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

DESAI, PARESH G  
3475 S. SUNCOAST BLVD.  
HOMOSASSA, FL 34448

STREET ADDRESS

CITY - ST - ZIP

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CITY - ST - ZIP

500043131306  
12/02/04--01048--022 \*\*1026.25

REINSTATEMENT 2004

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

Thomas F. Stringer, M.D., F.A.C.S.  
Michael G. Desautel, M.D.  
Diplomates American Board of Urology  
Manuel A. Seneriz, M.D.  
Frances A. Pulice, P.A.-C

609 West Highland Blvd.  
Inverness, FL 34452

Tel.: (352) 726-9707  
Fax: (352) 726-8763



## Citrus Urology Associates, P.A.

Paresh G. Desai, M.D., F.A.C.S.  
Nicholai Zelneronok, M.D.  
Diplomates American Board of Urology  
Manuel A. Seneriz, M.D.  
Frances A. Pulice, P.A.-C

P.O. Box 3087  
Homosassa Springs, FL 34447-3087

Tel.: (352) 628-7671  
Fax: (352) 628-9893

December 7, 2004

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee FL 32314

Re: Document Number A97000002228  
Hampton Facilities, Ltd.

I am writing to request the \$500.00 penalty fee paid to you on November 3, 2004 be refunded to Hampton Facilities, Ltd.. I paid this fee due to the notice received requiring reinstatement. After checking my records I have found that I did not receive the annual report for timely filing.

Sincerely,

Paresh G. Desai, M.D.

PGD/sh