

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000002273

1. Entity Name

POINTE WEST PARTNERSHIP, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 22 PM 1:03



DO NOT WRITE IN THIS SPACE

MJH

Principal Place of Business

2010 - 59TH STREET WEST
SUITE 4400
BRADENTON FL 34209-4670

Mailing Address

2010 - 59TH STREET WEST
SUITE 4400
BRADENTON FL 34209-5532

2. Principal Place of Business

6015 Pointe West Blvd.

Suite, Apt. #, etc.

3. Mailing Address

6015 Pointe West Blvd.

Suite, Apt. #, etc.

City & State

Bradenton, FL

City & State

Bradenton

4. FEI Number

65-0790485

Applied For

Not Applicable

Zip

34209

Country

Zip

FL

Country

34209

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

BLALOCK, LANDERS, WALTERS & VOLGER, P.A.
802 11TH STREET WEST
BRADENTON FL 34205

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.

\$7,500.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$54,227.25

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 # P97000072322
NAME MUSCULOSKELETAL MGT SERVICES ORGANIZATION
STREET ADDRESS 2010 59TH STREET WEST, SUITE 4400
CITY - ST - ZIP BRADENTON FL 34209-4670

STREET ADDRESS

CITY - ST - ZIP

FF \$468.34

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

800003283249--6

08/03/00 01088 007

****468.34 ****468.34

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
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:

WILLIAM J. FALLER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

X 04/11/00

Date

X 941 782 0200

Daytime Phone #

X 1155