

2001 UNIFORM BUSINESS REPORT (UBR)

001094 AF

DOCUMENT # **A97000002273**

1. Entity Name

POINTE WEST PARTNERSHIP, LTD.

Principal Place of Business

**6015 POINTE WEST BLVD.
BRADENTON FL 34209**

Mailing Address

**6015 POINTE WEST BLVD.
BRADENTON FL 34209**

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

65-0790485

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

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

Name

TREY TALLY

Street Address (P.O. Box Number is Not Acceptable)

6015 POINTE WEST BLVD.

City

BRADENTON

FL

Zip Code
34209

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]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/05/01

9. Capital Contributions
as Shown on record.

\$54,227.25

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

STREET ADDRESS

6015 POINTE WEST BLVD

CITY-ST-ZIP

BRADENTON, FL 34209

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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

03/15/01
Date

(941) 782-0200 x1155
Daytime Phone #

CR2E003 (11/00)

FILED

01 APR -9 PM 12:57

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE