

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0008640
AT

DOCUMENT # **A98000000442**

1. Entity Name
DOCTOR'S SURGICAL PARTNERSHIP, LTD.



FILED

03 APR 18 PM 1:52

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
**1035 S. APOLLO BLVD.
MELBOURNE FL 32901**

Mailing Address
**1035 S. APOLLO BLVD.
MELBOURNE FL 32901**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number **59-3490279**

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

**NOHRR, PHILIP F ESQ.
C/O GRAY HARRIS & ROBINSON, P.A.
1800 W. HIBISCUS BLVD., SUITE 138
MELBOURNE FL 32901**

Name

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

City

**600016233256
04/18/03--01011--016 **526.25
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. **\$3,500,000.00**

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 # **P98000062782**
NAME **PHYSICIANS' SURGICAL PARTNERSHIP, INC.**
STREET ADDRESS **1035 S. APOLLO BLVD.**
CITY-ST-ZIP **MELBOURNE FL 32901**

STREET ADDRESS

CITY-ST-ZIP

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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/9/03 321-434-7216
Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE