

# 2001 UNIFORM BUSINESS REPORT (UBR)

000161 AF

DOCUMENT # **A98000000475**

1. Entity Name

**CHULA VISTA MEDICAL PLAZA EQUITY INVESTORS LIMIT**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 FEB 16 PM 1:15

Principal Place of Business  
**222 LAKEVIEW AVE., 17TH FL  
WEST PALM BEACH FL 33401**

Mailing Address  
**222 LAKEVIEW AVE., 17TH FL  
WEST PALM BEACH FL 33401**

2. Principal Place of Business

3. Mailing Address

Gardens Corporate Center  
3801 PGA Boulevard, Suite 555  
Palm Beach Gardens, FL 33410

Gardens Corporate Center  
3801 PGA Boulevard, Suite 555  
Palm Beach Gardens, FL 33410

DO NOT WRITE IN THIS SPACE

**MJH**

4. FEI Number **65-0820930**

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

**REGSERV CORP.  
222 LAKEVIEW AVE., 17TH FL  
WEST PALM BEACH FL 33401**

**REGSERV CORP.  
Gardens Corporate Center  
3801 PGA Boulevard, Suite 555  
Palm Beach Gardens, FL 33410**

**FL** Zip Code

8. 1 **REGSERV CORP.**

registered office or registered agent, or both, in the State of Florida.

SIG: By: Lawrence B. Juran, President

Registered Agent signature required when reinstating)

1/23/01  
DATE

9. Capital Contributions as Shown on record. **\$1,000.00**

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 # **P98000016860**  
NAME **CHULA VISTA MEDICAL PLAZA EQUITY CORP.**  
STREET ADDRESS **222 LAKEVIEW AVE., 17TH FL**  
CITY-ST-ZIP **WEST PALM BEACH FL**

STREET ADDRESS **Gardens Corporate Center**  
CITY-ST-ZIP **3801 PGA Boulevard, Suite 555  
Palm Beach Gardens, FL 33410**

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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

SIGNATURE:

**REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Patrick J. DiSalvo**  
Vice President

1/30/01 (561) 430-5055  
Date Daytime Phone #

CR2E003 (11/00)