

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000804

1. Entity Name

ACCESS CAPITATED MEDICAL ORGANIZATION, LTD.

Principal Place of Business

C/O PHYTRUST, LTD.  
1204 NORTH UNIVERSITY DRIVE  
PLANTATION FL 33322

Mailing Address

C/O PHYTRUST, LTD.  
1204 NORTH UNIVERSITY DRIVE  
PLANTATION FL 33322

FILED

02 APR 24 PM 2:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

13680 NW 5th Street

3. Mailing Address

13680 NW 5th Street

Suite, Apt. #, etc.

Suite 100

Suite, Apt. #, etc.

Suite 100

City & State

Sunrise FL

City & State

Sunrise, FL

DUE BY MAY 1, 2002

4. FEI Number

65-0824248

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

NATKOW, NEIL A  
C/O PHYTRUST, LTD.  
1204 NORTH UNIVERSITY DRIVE  
PLANTATION FL 33322

7. Name and Address of New Registered Agent

Name

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

13680 NW 5th Street

Suite 100

City Sunrise

FL

Zip Code

33325

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.

4/4/02

DATE

9. Capital Contributions  
as Shown on record:

\$7,600.00

10. Amount of Capital Contributions  
in FLORIDA to date.

5,750. -

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

DOCUMENT # P98000028939  
NAME ARLINGTON PARTNERS, INC.  
STREET ADDRESS 1204 N. UNIVERSITY DRIVE  
CITY-ST-ZIP PLANTATION FL 33322

13. ADDRESS CHANGES ONLY

STREET ADDRESS

13680 NW 5th Street, Suite 100

CITY-ST-ZIP

Sunrise, FL 33325

STREET ADDRESS

1000005463031--3

CITY-ST-ZIP

-05/06/02--01092--008

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DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

DOCUMENT #

NAME

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/4/02

Date

(954) 475-0707

Daytime Phone #

CR2E003 (9/01)