

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A98000001275
 1. Entity Name
CHARLESTON CAPITATED MEDICAL ORGANIZATION, LTD.

FILED
 01 MAR 15 AM 9:01
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
 C/O PHYTRUST, LTD. C/O PHYTRUST, LTD.
 1204 N. UNIVERSITY DRIVE 1204 N. UNIVERSITY DRIVE
 PLANTATION FL 33322 PLANTATION FL 33322

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number Applied For
65-0837509 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 N. UNIVERSITY DRIVE
PLANTATION FL 33322

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$7,600.00** 10. Amount of Capital Contributions in FLORIDA to date. **-0-** 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 #	P98000046074	STREET ADDRESS	900003889039-9
NAME	CHARLESTON PARTNERS, INC.	CITY-ST-ZIP	-03/20/01-01109-003
STREET ADDRESS	1204 NORTH UNIVERSITY DRIVE		****144.75 ****144.25
CITY-ST-ZIP	PLANTATION FL 33322		
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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** **954-475-0707** **7/01** Date Daytime Phone #

CR2E003 (11/00)