

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001509**

1. Entity Name

LADY LAKE MEDICAL GROUP, LTD.

Principal Place of Business

2020 SE 17TH STREET
OCALA FL 34471

Mailing Address

2020 SE 17TH STREET
OCALA FL 34471

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

59-3537996

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

01 FEB 27 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



0012251 AF

6. Name and Address of Current Registered Agent

MEDICAL MANAGEMENT ASSOC. OF CENTRAL FLA.
2020 SE 17TH STREET
OCALA FL 34471

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$1,510,000.00

10. Amount of Capital Contributions

in FLORIDA to date. 1,510,000.00

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 #
NAME MEDICAL MANAGEMENT ASSOC. OF CENTRAL FLA.
STREET ADDRESS 2020 SE 17TH STREET
CITY-ST-ZIP Ocala FL 34471

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

800003802318--2

-03/06/01--01069--021

***526.25 ***526.25

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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:

MICHAEL P. HILL 2-25-01 3527320509

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)