

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001585**

1. Entity Name

CENTRES MEDICAL LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 28 AM 3:05

Principal Place of Business

**TWO DATRAN CENTER, SUITE 1528
9130 SOUTH DADELAND BOULEVARD
MIAMI FL 33156**

Mailing Address

**C/E CENTRES, INC.
3315 NORTH 124TH STREET, SUITE E
BROOKFIELD WI 53005-3105**

2. Principal Place of Business

3. Mailing Address

c/o Centres, Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33156

USA

4. FEI Number

39-1935318

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CENTRES MEDICAL GP, INC.
TWO DATRAN CENTER, SUITE 1528
9130 SOUTH DADELAND BOULEVARD
MIAMI FL 33156**

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.

\$5,000.00

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 # **P98000056387**
NAME **CENTRES MEDICAL GP, INC.**
STREET ADDRESS **3315 SOUTH DADELAND BOULEVARD, SUITE 1528**
CITY - ST - ZIP **MIAMI FL 33156**

STREET ADDRESS

CITY - ST - ZIP

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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

By: Centres Medical GP, Inc.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/99)