2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2001 08:00 AM
Secretary of State

DOCUMENT # **A98000001585**

1. Entity Name
CENTRES MEDICAL LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
TWO DATRAN CENTER, SUITE 1528 9130 SOUTH DADELAND BOULEVARD MIAMI FL 33156	C/E CENTRES, INC., TWO DATRAN CNETER #1528 9130 S. DADELAND BLVD. MIAMI FL 33156

2. Principal Place of Business	3. Mailing Address
	C/E CENTRES INC
Suite, Apt. #, etc.	Suite, Apt. #, etc. 9130 S. DADELAND BLVD., #1528
City & State	City & State MIAMI FL
Zip / Country	Zip 33156 / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **39-1935318** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: CENTRES MEDICAL GP, INC.
Street Address (P.O. Box Number is Not Acceptable): TWO DATRAN CENTER, SUITE 1528
9130 SOUTH DADELAND BOULEVARD
City: MIAMI FL Zip Code: 33156

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 ______________________ 04/12/2001
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. 5,000.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	9130 S. DADELAND BLVD., #1528
NAME	CENTRES MEDICAL GP, INC.		
STREET ADDRESS	3315 SOUTH DADELAND BOULEVARD, SUITE 1528	CITY-ST-ZIP	MIAMI FL 33156
CITY-ST-ZIP	MIAMI FL 33156		
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		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

SIGNATURE: DAVID K. CHARLTON SVST 04/12/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)