

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001891**

1. Entity Name

SURGICAL INSTITUTE MEDICAL EQUITY INVESTORS, LTD

Principal Place of Business

**222 LAKEVIEW AVENUE
17TH FLOOR
WEST PALM BEACH FL 33401**

Mailing Address

**222 LAKEVIEW AVENUE
17TH FLOOR
WEST PALM BEACH FL 33401-6150**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -1 PM 12:06



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0861694

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REGSERV CORP

222 LAKEVIEW AVENUE

17TH FLOOR

WEST PALM BEACH FL 33401

Name

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

City

FL

Zip Code

8. The above **Regserv Corp.**

changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

By:
Mark Nussbaum, Vice President

(NOTE: Registered Agent signature required when reinstating)

4/27/00
DATE

9. Capital Contributions
as Shown on record.

\$1,010.00

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 # **P98000068783**
NAME **SURGICAL INSTITUTE MEDICAL EQUITY CORP.**
STREET ADDRESS **222 LAKEVIEW AVENUE 17TH FLOOR**
CITY - ST - ZIP **WEST PALM BEACH FL 33401**

STREET ADDRESS

CITY - ST - ZIP

400003283764--9

06/09/00 01115 006

*****141.25 ***141.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Patrick J. DiSalvo
Vice President

Date

Daytime Phone #

4/27/00 (561) 655-9008

CR2E003 (9/99)