

# 2001 UNIFORM BUSINESS REPORT (UBR)

0000064 AF

DOCUMENT # **A98000001891**

1. Entity Name

**SURGICAL INSTITUTE MEDICAL EQUITY INVESTORS, LTD**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 FEB 16 PM 1:15

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**

2. Principal Place of Business

**Gardens Corporate Center  
3801 PGA Boulevard, Suite 555  
Palm Beach Gardens, FL 33410**

3. Mailing Address

**Gardens Corporate Center  
3801 PGA Boulevard, Suite 555  
Palm Beach Gardens, FL 33410**



DO NOT WRITE IN THIS SPACE

**MJH**

4. FEI Number

**65-0861694**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

**REGSERV CORP.  
Gardens Corporate Center  
3801 PGA Boulevard, Suite 555  
Palm Beach Gardens, FL 33410**

FL Zip Code

8. REGSERV CORP.

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

By:

SIG **Lawrence B. Juran, President**

Registered Agent signature required when reinstating)

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

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS **Gardens Corporate Center**  
CITY-ST-ZIP **3801 PGA Boulevard, Suite 555  
Palm Beach Gardens, FL 33410**

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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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Patrick I DiSalvo**  
Vice President

**1/30/01 (561) 630-5055**  
Date Daytime Phone #

CR2E003 (11/00)