

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED

03 APR 30 AM 5:36

SECRETARY OF STATE
TALLAHASSEE FLORIDA.

MJH

DOCUMENT # A98000001891

1. Entity Name
**SURGICAL INSTITUTE MEDICAL EQUITY
INVESTORS, LTD.**



Principal Place of Business
**GARDENS CORPORATE CENTER
3801 PGA BOULEVARD, SUITE 555
PALM BEACH GARDENS, FL 33410**

Mailing Address
**GARDENS CORPORATE CENTER
3801 PGA BOULEVARD, SUITE 555
PALM BEACH GARDENS, FL 33410**

4/30



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
Suite 600

Suite, Apt. #, etc.
Suite 600

DUE BY MAY 1, 2003

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

**REGSERV CORP
GARDENS CORPORATE CENTER
3801 PGA BOULEVARD, SUITE 555
PALM BEACH GARDENS, FL 33410**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
3801 PGA Boulevard, Suite 600

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record. **\$1,010.00**

10. Amount of Capital Contributions
in FLORIDA to date. **\$1,010.00**

11. MAKE CHECK PAYABLE TO FL 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 **3801 PGA BOULEVARD, SUITE 555**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

STREET ADDRESS **3801 PGA Boulevard, Suite 600**

CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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.

Patrick J. DiSalvo
Vice President

561-630-5055

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)