

2000-2003

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

A9800000

2202

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000012457600
02/13/03--01022--025 **2194.83

DOCUMENT # **A98000002202**

1. Name of Limited Partnership

The Flynn Family Limited Partnership

2. Principal Office Address

2808W MLK JR Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

2808W MLK JR Blvd

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Tampa FL

Zip

33607

Country

USA

Zip

33607

Country

USA

8. Name and Address of Current Registered Agent

Name

Ameri Lawyer

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

343 Almeria Avenue

Suite, Apt. #, Etc.

Coral Gables

State

FL

Zip Code

33134

9. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

000012457600
03/13/03--01058--021 **370.17
DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

City, State and Zip Code

10a. Registration Document Number

MYRNA I FLYNN

3314 JEAN CIELLE

TAMPA FL 33609

GREGORY T FLYNN

3314 JEAN CIELLE

TAMPA FL 33629

FLORIDA PAIN INSTITUTE

2808W DR MLK JR

TAMPA FL 33607

P93000005608

REINSTATEMENT 2000-2003
3/18/03

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Myrna I Flynn

DATE

2/10/03

Typed or Printed Name of General Partner Signing Form

MYRNA I FLYNN

Telephone Number

838729200

CR2E039 (10/02)