2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002340

1. Entity Name

HYDE PARK MEDICAL CENTER, LTD.

FILED
00 JAN 27 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
921 SOUTH BENEVA ROAD SARASOTA FL 34232	7350 S. TAMIAMI TRAIL #39 SARASOTA FL 34231-7000

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7350 S. Tamiami Tr. # 39	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sarasota Fl	City & State
Zip: 34231-7000 Country: Sarasota	Zip / Country

4. FEI Number 65-0865599 ☐ Applied For ☐ Not Applicable

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
HANKIN, LAWRENCE M 2033 MAIN STREET, SUITE 400 SARASOTA FL 34237	Name Street Address (P.O. Box Number is Not Acceptable) 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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$2,200,000.00		

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 #	P98000078567	STREET ADDRESS	300000311863 3--8
NAME	EVERED, INC.	CITY-ST-ZIP	-02/01/00--01073--026
STREET ADDRESS	7350 SOUTH TAMIAMI TRAIL #39		*****38.75 *****38.75
CITY-ST-ZIP	SARASOTA FL 34231-7000		
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NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	300000311863 3--8
NAME		CITY-ST-ZIP	-02/01/00--01073--027
STREET ADDRESS			****437.50 ****437.50
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (9/99)

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 Fredric S. Schadt 1-10-00 941-922-9418
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Pres Evered, Inc Date Daytime Phone #