

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002340**

1. Entity Name
HYDE PARK MEDICAL CENTER, LTD.



FILED

03 JAN 10 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**7350 S. TAMiami TRAIL #39
SARASOTA FL 34231-7000**

Mailing Address
**7350 S. TAMiami TRAIL #39
SARASOTA FL 34231-7000**

2. Principal Place of Business

7427 Curlew Rd

3. Mailing Address

7427 Curlew Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, FL

City & State

Sarasota, FL

Zip

34241-9613

Country

Sarasota

Zip

34241-9613

Country

Sarasota

DUE BY MAY 1, 2003

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

**HANKIN, LAWRENCE M
2033 MAIN STREET, SUITE 400
SARASOTA FL 34237**

7. Name and Address of New Registered Agent

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

SIGNATURE

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

9. Capital Contributions
as Shown on record.

\$2,200,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

DATE

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

DOCUMENT # **P98000078567**
NAME **EVERED, INC.**
STREET ADDRESS **7350 SOUTH TAMiami TRAIL #39**
CITY-ST-ZIP **SARASOTA FL 34231-7000**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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M THOMAS

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)