

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000002445**

1. Entity Name

MEDICAL DEVELOPERS, LTD.

Principal Place of Business

**7019 N.W. 11TH PLACE
GAINESVILLE FL 32605**

Mailing Address

**7019 N.W. 11TH PLACE
GAINESVILLE FL 32605**

2. Principal Place of Business

4340 Newberry Rd.

3. Mailing Address

4340 Newberry Rd

Suite, Apt. #, etc.

Suite 301

Suite, Apt. #, etc.

Suite 301

City & State

Gainesville FL.

City & State

Gainesville FL.

Zip

32607

Country

Zip

32607

Country

FILED

01 MAY 11 PM 12:25

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3541942

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SMITH, LARRY N

C/O MILLENNIUM CENTER MGMT., INC.

7019 N.W. 11TH PLACE

GAINESVILLE FL 32605

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$125,000.00

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 # **P98000082092**
NAME **MILLENNIUM CENTER MANAGEMENT, INC.**
STREET ADDRESS **7019 N.W. 11TH PLACE**
CITY-ST-ZIP **GAINESVILLE FL 32605**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **4340 Newberry Rd Ste 301**
CITY-ST-ZIP **Gainesville, FL 32607**

DOCUMENT #
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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

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/23/01

352-271-5370

CR2E003 (11/00)

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