

**DOCUMENT # A99000001051**  
1. Entity Name  
**WESCOTT FAMILY LIMITED PARTNERSHIP**

04 MAR 15 AM 10:30

Principal Place of Business	Mailing Address
89 NORTH ST. ANDREWS DRIVE ORMOND BEACH FL 32174	89 NORTH ST. ANDREWS DRIVE ORMOND BEACH FL 32174

2. Principal Place of Business ATLANTIC Neurological Assoc. Suite, Apt. #, etc. 545 HEALTH Blvd		3. Mailing Address  Suite, Apt. #, etc.	
City & State Daytona Beach FL		City & State	
Zip 32114	Country USA	Zip	Country



MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
<p>WESCOTT, JOHN W 89 NORTH ST. ANDREWS DRIVE ORMOND BEACH FL 32174</p>	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	<b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	\$10,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # NAME STREET ADDRESS CITY - ST - ZIP	WESCOTT, JOHN W 89 NORTH ST. ANDREWS DRIVE ORMOND BEACH FL 32174	STREET ADDRESS  CITY - ST - ZIP	
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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 #