

2005 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A99000001051

FILED
Jul 05, 2005
Secretary of State

Entity Name: WESCOTT FAMILY LIMITED PARTNERSHIP

Current Principal Place of Business:

ATLANTIC UROLOGICAL ASSOC.
545 HEALTH BLVD.
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

ATLANTIC UROLOGICAL ASSOC.
545 HEALTH BLVD.
DAYTONA BEACH, FL 32114

New Mailing Address:

FEI Number: 59-3585480 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WESCOTT, JOHN W
89 NORTH ST. ANDREWS DRIVE
ORMOND BEACH, FL 32174 US

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:

Electronic Signature of Registered Agent

Date

Capital Contributions as Shown on record: 10,000.00

Amount of Capital Contributions in Florida to date: 10,000.00

GENERAL PARTNER INFORMATION:

ADDRESS CHANGES ONLY:

Document #:

Name: WESCOTT, JOHN W
Address: 89 NORTH ST. ANDREWS DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOHN W. WESCOTT, M.D.

07/05/2005

Electronic Signature of Signing General Partner

Date