

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 01, 2000 08:00 AM  
Secretary of State

DOCUMENT # A99000002049

1. Entity Name

PHYSICIANS HEALTHCARE ENTERPRISES, LTD.

Principal Place of Business

1385 N.W. 15TH STREET

MIAMI  
33125

FL

Mailing Address

1385 N.W. 15TH STREET

MIAMI  
33125

FL

2. Principal Place of Business

1455 N.W. 14TH STREET

3. Mailing Address

1455 N.W. 14TH STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI

FL

City & State

MIAMI

FL

Zip

33125

Country

Zip

33125

Country

4. FEI Number

65-0957806

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

METSCH BENJAMIN  
1385 N.W. 15TH STREET

MIAMI  
33125

FL

7. Name and Address of New Registered Agent

Name  
METSCH BENJAMIN

Street Address (P.O. Box Number is Not Acceptable)  
1455 N.W. 14TH STREET

City  
MIAMI

FL

Zip Code  
33125

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)

05/01/2000

DATE

9. Capital Contributions

as Shown on record. 1,485.00

10. Amount of Capital Contributions

in FLORIDA to date. 1,485.00

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 #  
NAME NIA HEALTHCARE TRUST  
STREET ADDRESS 1385 N.W. 15TH STREET  
CITY-ST-ZIP MIAMI FL 33125

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS 1455 N.W. 14TH STREET  
CITY-ST-ZIP MIAMI FL 33125

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

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: Julian Centillo

DATE: 05/01/2000