

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 30, 2001 08:00 AM****Secretary of State****DOCUMENT # A99000002049**1. Entity Name  
**PHYSICIANS HEALTHCARE ENTERPRISES, LTD.**Principal Place of Business  
1455 N.W. 14TH STREET  
MIAMI FL 33125Mailing Address  
1455 N.W. 14TH STREET  
MIAMI FL 33125

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip Country

Zip Country

4. FEI Number  
**65-0957806**Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

METSCH BENJAMIN  
1455 N.W. 14TH STREET  
MIAMI FL 33125Name  
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 **BENJAMIN R. METSCH****05/30/2001**

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. 1,485.0010. 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

13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME NIA HEALTHCARE TRUST  
STREET ADDRESS 1455 N.W. 14TH STREET  
CITY-ST-ZIP MIAMI FL 33125STREET ADDRESS  
CITY-ST-ZIPDOCUMENT #  
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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: **NIA Healthcare Trust**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

GP 05/30/2001

Date

Daytime Phone #

CR2E003 (11/00)