

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

DOCUMENT # B00000000364

1. Entity Name  
OSSATRON SERVICES OF TAMPA BAY, L.P.



FILED

04 FEB 12 AM 9:04

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MAJH

Principal Place of Business  
1841 WEST OAK PARKWAY, SUITE A  
MARIETTA, GA 30062

Mailing Address  
1841 WEST OAK PARKWAY, SUITE A  
MARIETTA, GA 30062



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01152004 Chg-LP CR2E003 (10/03)

2/12

4. FEI Number  
APPLIED FOR

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

9. Capital Contributions  
as Shown on record. \$412,500.00

10. Amount of Capital Contributions  
in FLORIDA to date. \$412,500.00

**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 # M00000002456  
NAME HT ORTHOTRIPSY MANAGEMENT COMPANY, LLC  
STREET ADDRESS 1841 WEST OAK PARKWAY, SUITE A  
CITY-ST-ZIP MARIETTA, GA 30062

STREET ADDRESS  
CITY-ST-ZIP 000029449570  
02/26/04--01019--004 \*\*526.25

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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:

*Ted S. Biderman*  
Ted S. Biderman, Secretary

1/16/04

(770) 419-0691

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE