

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Feb 17, 2004 08:00 AM
Secretary of State

DOCUMENT # B01000000067

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



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.

01152004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number

74-3006001

Applied For

Not Applicable

Zip

Country

Zip

Country

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

00000000129
02/28/04-80018-013 526.25

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Ted S. Bideman, Secretary

1/16/04

(770) 417-0691

STAPLE CHECK HERE