

**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **B01000000115**

1. Entity Name  
**OSSATRON SERVICES OF NORTHEAST FLORIDA, 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**

**FILED**

**03 MAR 12 AM 9:20**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**DUE BY MAY 1, 2003**

4. FEI Number **74-2996497**

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

**NRAI SERVICES, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE FL 32301**

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.

**\$220,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. 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 # **M00000002456**  
NAME **HT ORTHOTRIPSY MANAGEMENT COMPANY, LLC**  
STREET ADDRESS **1841 WEST OAK PARKWAY, SUITE A**  
CITY-ST-ZIP **MARIETTA GA 30062**

STREET ADDRESS

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**100013995091**  
**03/12/03--01058--007 \*\*526.25**

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: **HT Orthotripsy Management Company, LLC, General Partner**  
**By: [Signature] Secretary**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**2/24/03**

**770 419 0691, x127**

Date

Daytime Phone #

CR2E003 (10/02)