

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B01000000137**

1. Entity Name
CAPTEC HEALTHNET FINANCE LP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG -6 AM 8:23

Wk
8/7

Principal Place of Business
**24 FRANK LLOYD WRIGHT DR., LOBBY M, 3RD FL
ANN ARBOR MI 48105**

Mailing Address
**P.O. BOX 544
ANN ARBOR MI 48106-0544**



2. Principal Place of Business
24 FRANK LLOYD WRIGHT DR.

3. Mailing Address

Suite, Apt. #, etc.
LOBBY L, 4TH FLOOR

Suite, Apt. #, etc.

City & State
ANN ARBOR, MI

City & State

Zip
48106

Country
USA

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number **APPLIED FOR**
38-3592739

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 **PETER F. SOUZA** DATE **6/17/03**
Signature, typed or printed name of registered agent and title if applicable. ASSISTANT SECRETARY

9. Capital Contributions as Shown on record. **\$0.00**

10. Amount of Capital Contributions in FLORIDA to date. **NONE**

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 # **M01000000818**
NAME **OOTB, LLC**
STREET ADDRESS **24 FRANK LLOYD WRIGHT DR., LOBBY M, 3RD FL**
CITY-ST-ZIP **ANN ARBOR MI 48105**

STREET ADDRESS

CITY-ST-ZIP

900014316929
03/18/03--01038--006 **52.50

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

900014316929
04/15/03--01097--001 **88.75

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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: **SIGNATURE REQUIRED**
GARY A. BRUDER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-28-03

Date

734-994-5305

Daytime Phone #

CR2E003 (10/02)

0018330 AB