

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Feb 12, 2004 08:00 AM
Secretary of State

DOCUMENT # B01000000162

1. Entity Name
OSSATRON SERVICES OF TREASURE COAST, 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.

City & State

City & State

Zip

Country

Zip

Country

01152004 Chg-LP CR2E003 (10/03)

4. FEI Number
58-2615069

Applied For
Not Applicable

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

6. Name and Address of Current 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

7. Name and Address of New Registered Agent

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.

9. Capital Contributions
as Shown on record. **\$288,750.00**

10. Amount of Capital Contributions
in FLORIDA to date. **\$288,750.00**

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

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

U000000069333

02/28/04-80005-007 526.25

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/16/04

(770) 419-0691

Date Daytime Phone #

STAPLE CHECK HERE