

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

0021434 FR

DOCUMENT # B01000000162

1. Entity Name  
OSSATRON SERVICES OF TREASURE COAST, L.P.



FILED

03 MAR 19 AM 8:52

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH

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

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

2. Principal Place of Business  
1841 West Oak Parkway

3. Mailing Address  
1841 West Oak Parkway

3/19

Suite, Apt. #, etc.  
A

Suite, Apt. #, etc.  
A

DUE BY MAY 1, 2003

City & State  
Marietta, GA

City & State  
Marietta, GA

4. FEI Number 58-2615069

Applied For  
Not Applicable

Zip 30062 Country USA

Zip 30062 Country USA

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. \$288,750.00

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 PALK PARKWAY, SUITE A  
CITY-ST-ZIP MARIETTA GA 30062

STREET ADDRESS

CITY-ST-ZIP

100014380341  
03/19/03--01072--013 \*\*526.25

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
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: HT Orthotripsy Management Company, LLC, General Partner  
By STEPHEN J. BIDERMAN, Secretary

2/24/03 770419069427

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)