

2002 UNIFORM BUSINESS REPORT (UBR)

0017031 AT

DOCUMENT # B01000000211

1. Entity Name

PERMANENT RECORDS HEALTHSERVE, L.P.

FILED

02 MAY -1 PM 6:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3232 MCKINNEY AVENUE, SUITE 1000
DALLAS TX 75204

Mailing Address
3232 MCKINNEY AVENUE, SUITE 1000
DALLAS TX 75204



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

DUE BY MAY 1, 2002

4. FEI Number ☒ 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

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD., SUITE 508
MIAMI FL 33156

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$0.00 10. Amount of Capital Contributions in FLORIDA to date. 11. MAKE CHECK PAYABLE TO 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 #	F01000003226	STREET ADDRESS	
NAME	PERMANENT RECORDS MANAGEMENT, INC.	CITY-ST-ZIP	
STREET ADDRESS	3232 MCKINNEY AVENUE, SUITE 1000		
CITY-ST-ZIP	DALLAS TX 75204		
DOCUMENT #		STREET ADDRESS	4000005510004--0
NAME		CITY-ST-ZIP	-05/15/02--01011--015
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NAME		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: *[Signature]* SIGNATURE REQUIRED

4/29/02

CR2E003 (9/01)