

2001 UNIFORM BUSINESS REPORT (UBR)

0012242 AF

DOCUMENT # B97000000349

1. Entity Name

HILLSIDE PATIENT FINANCING, L.P.

FILED

01 APR 23 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2100 S.E. 17TH STREET, #204
OCALA FL 34471

Mailing Address

2100 S.E. 17TH STREET, #204
OCALA FL 34471

2. Principal Place of Business

2100 SE. 17TH STREET

Suite, Apt. #, etc.

SUITE 300

City & State

OCALA FL

Zip

34471

Country

USA

3. Mailing Address

2100 SE. 17TH STREET

Suite, Apt. #, etc.

SUITE 300

City & State

OCALA FL

Zip

34471

Country

USA

4. FEI Number

59-3455701

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$500.00

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

DOCUMENT # M97000000418
NAME THE HILLSIDE GROUP, LLC
STREET ADDRESS 2100 S.E. 17TH STREET, #203
CITY-ST-ZIP Ocala FL 34471

13. ADDRESS CHANGES ONLY

STREET ADDRESS

2100 S.E. 17TH STREET, #300

CITY-ST-ZIP

OCALA FL 34471

STREET ADDRESS

CITY-ST-ZIP

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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:

Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/10/01

Date

(352) 401-1900

Daytime Phone #

CR2E003 (11/00)