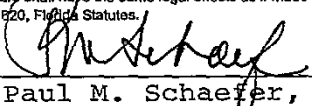


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 DEC 23 PM 2:27 SECRETARY OF STATE FLORIDA	
1. Name of Limited Partnership NORTH RIDGE VA CENTER, LTD.		1a. DOCUMENT # A09419			
Mailing Address 11880 SW 40TH ST #405 MIAMI FL 33175		Principal Office Address 11880 SW 40TH ST #405 MIAMI FL 33175		3. Date Formed or Registered 10/08/1980 3a. Date of Last Report 12/10/1997	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		4. State or Country of Formation FL 5a. Capital Contributions as Shown on record. \$25,000.00 5b. Amount of Capital Contributions in FLORIDA to date: \$25,000.00	
6. FEI Number 59-2086112		☐ Applied For ☒ Not Applicable 7. Certificate of Status Desired ☒ \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)			
9. Name and Address of Current Registered Agent MUDD, JOHN 11880 SW 40TH ST #405 MIAMI FL 33175			10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City		
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.			SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____		
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Name(s) of General Partner(s) NORTH RIDGE MEDICAL PLAZA, I		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 8701 SW 137TH AVE #30 11880 S.W. 40th Street Suite #405		11b. City, State & Zip Code MIAMI FL Miami, FL 33175	
				11c. Registration/Document Number 554838	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.					
SIGNATURE _____ Typed or Printed Name of General Partner Signing Form		 Paul M. Schaefer, President		DATE 12/21/98 305-221-1900 Daytime Telephone Number	

CR2E003 (8/98)