

**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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 SEP 16 AM 10:21

1. Name of Limited Partnership	1a. DOCUMENT # <b>A16651</b>
<b>HEALTH TEK EQUITY, LTD.</b>	



Mailing Address 11 JEFFERSON LANDING DAYTONA BEACH FL 32118	Principal Office Address 11 JEFFERSON LANDING DAYTONA BEACH FL 32118	3. Date Formed or Registered 03/21/1984	5a. Capital Contributions as Shown on record. <b>\$950.00</b>
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 10/22/1997	5b. Amount of Capital Contributions In FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	6. FEI Number 59-2392791	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip Country	Zip Country	7. Certificate of Status Desired	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent <b>WALTER, WILLIAM A. 11 JEFFERSON LANDING DAYTONA BEACH FL 32118</b>	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 300002642553-4 Suite, Apt. #, etc. -09/18/98--01075--007 City ****141.25 FL
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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) <b>HEALTH TEK EQUITY, INC.</b>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>11 JEFFERSON LANDING</b>	11b. City, State & Zip Code <b>DAYTONA BEACH FL 3211</b>	11c. Registration/ Document Number <b>G92127</b>
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**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 *William A. Walter* \_\_\_\_\_ DATE \_\_\_\_\_

Typed or Printed Name of General Partner Signing Form \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_

CR2E003 (8/98)