FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998

P93000000178

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 DEC 31 AM 9:35

1. Name of Limited Partnership	1a. DOCUMENT #
Doctors' Medical Plaza Associates, Ltd.	A93000000178

Mailing Address / Principal Office Address	3. Date Formed or Registered	5a. Capital Contributions as Shown on record
6450 38th Avenue North, Suite 440 St. Petersburg, FL 33710	12/17/93	750,000
	3a. Date of Last Report: 12/96 (1997)	**5b.** Amount of Capital Contributions in FLORIDA to date: 750,000
	4. State or Country of Formation: Florida	

2. Mailing Address	2a. Principal Office Address
c/o CEO Columbia St. Petersburg	See Above
Suite, Apt. #, etc.: 6500 38th Avenue North	Suite, Apt. #, etc.
City & State: St. Petersburg, FL 33710	City & State
Zip / Country	Zip / Country

6. FEI Number: 59-3124439 ☐ Applied For ☐ Not Applicable

7. Certificate of Status Desired: N/A ☐ **$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	10. If changed, new Registered Agent/Office
Douglas J. Lobel 3450 East Fletcher Ave., Suite 130 Tampa, FL 33613	Name: Stephen L. Moss Street Address (P.O. Box Number Is Not Acceptable): 6450 38th Avenue North Suite, Apt. #, etc.: Suite 310 City: St. Petersburg **FL** Zip Code: 33710

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) S Moss DATE 12/30/97

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
Doctors' Medical Plaza Management Company of Pinellas County, Inc.	6450 38th Avenue North Suite 440	St. Petersburg FL 33710	P97000107931

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****576.25 ****576.25
12/31/97

CR2E003 (6/97)

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.

Doctors' Medical Plaza Management Company of Pinellas County, Inc.

SIGNATURE By: S Moss President DATE 12/30/97

Typed or Printed Name of General Partner Signing Form: Stephen L. Moss

Daytime Telephone Number: (813) 347-8872