

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

LIMITED PARTNERSHIP ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Tallahassee, Florida Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 31 AM 9:35

1. Name of Limited Partnership Doctors' Medical Plaza Associates, Ltd.		1a. DOCUMENT # A93000000178	
Mailing Address 6450 38th Avenue North, Suite 440 St. Petersburg, FL 33710		Principal Office Address	
2. Mailing Address c/o CEO Columbia St. Petersburg Suite, Apt. #, etc. 6500 38th Avenue North City & State St. Petersburg, FL 33710 Zip Country		2a. Principal Office Address See Above Suite, Apt. #, etc. City & State Zip Country	
3. Date Formed or Registered 12/17/93		5a. Capital Contributions as Shown on record 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		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 Douglas J. Lobel 3450 East Fletcher Ave., Suite 130 Tampa, FL 33613	10. If changed, new Registered Agent/Officer 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
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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 12/30/97

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

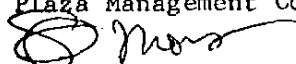
11. Name(s) of General Partner(s) Doctors' Medical Plaza Management Company of Pinellas County, Inc.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 6450 38th Avenue North Suite 440	11b. City, State & Zip Code St. Petersburg FL 33710	11c. Registration/ Document Number P97000107931
200002392322--8 -01/07/98--01045--001 ***576.25 ***576.25 BK 12/31/97			

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:



President DATE 12/30/97

Typed or Printed Name of General Partner Signing Form

Stephen L. Moss

Daytime Telephone Number (813) 347-8872

CR2E003 (6/97)