...EMBER 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 29 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT # A93000000178

DOCTORS' MEDICAL PLAZA ASSOCIATES, LTD.

Mailing Address	Principal Office Address
~~C/O CEO COLUMBIA ST. PETERSBURG~~ ~~6500 38TH AVENUE NORTH~~ ST. PETERSBURG FL 33710	6450 38TH AVENUE NORTH, ~~SUITE 440~~ ST. PETERSBURG FL 33710

3. Date Formed or Registered: 02/17/1993
3a. Date of Last Report: 12/31/1997
4. State or Country of Formation: FL
5a. Capital Contributions as Shown on record.: $750,000.00
5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address	2a. Principal Office Address
6450 38TH AVENUE NORTH	
Suite, Apt. #, etc.: SUITE 310	Suite, Apt. #, etc.: SUITE 310
City & State	City & State
Zip / Country	Zip / Country

6. FEI Number: 59-3124439 ☐ 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 informati

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
MOSS, STEPHEN L 6450 38TH AVENUE NORTH, SUITE 310 ST. PETERSBURG FL 33710	Name Street Address (P.O. Box Number is Not Acceptable) 900002742899--5 Suite, Apt. #, etc. -01/15/99--01006--010 City ****526.25 ****526.25 FL Zip Code

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 statemen 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 ENTIT 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 PLZA ~~MGMT~~ MANAGEMENT COMMUNIT OF PINELLAS, INC	6540 38TH AVE. NORTH, SUITE 310	ST. PETERSBURG FL ~~33~~ 33710	P97000107931

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 truste empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE S. Moss DATE 12-15-98

Typed or Printed Name of General Partner Signing Form Stephen L. Moss Daytime Telephone Number (727) 347-8872