

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
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 FEB 24 PM 4: 02

1. Name of Limited Partnership

1a. DOCUMENT #
A93000001011

OHIO PODIATRIC MANAGEMENT SYSTEMS, LTD.



Mailing Address

108 N MAIN STREET
ENGLEWOOD OH 45322

Principal Office Address

108 N MAIN STREET
ENGLEWOOD OH 45322

3. Date Formed or Registered

10/04/1993

5a. Capital Contributions as Shown on record.

\$990.00

3a. Date of Last Report

02/17/1997

5b. Amount of Capital Contributions in FLORIDA to date:

990.00

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

31-1389089

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

KRAMER, ROBERT M
C/O KRAMER & ZUCKERMAN, P.A.
4000 HOLLYWOOD BLVD., SUITE 485 SO.
HOLLYWOOD FL 33021

10. If changed, new Registered Agent/Office

Name

700002447667--6

Street Address (P.O. Box Number Is Not Acceptable)

-03/05/98--01007--020

***156.25 ***156.25

Suite, Apt. #, etc.

City

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 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)

COOPER, ALAN

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

5173 BRANDT PIKE

11b. City, State & Zip Code

HUBER HEIGHTS OH 45424

11c. Registration/ Document Number

Handwritten signature and date: 2/17/98

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

Handwritten signature of Alan Cooper

DATE

Handwritten date: 2/17/98

Typed or Printed Name of General Partner Signing Form

ALAN COOPER

Daytime Telephone Number

937-236-5522

CR2E003 (6/97)