

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
Samuel S. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAR 19 AM 11:45



Name of Limited Partnership
RIO VISTA OB/GYN ASSOCIATES, LIMITED PARTNERSHIP

1a. DOCUMENT #
A94000001005

Mailing Address
**1625 SOUTHEAST THIRD AVENUE, SUITE 701
FORT LAUDERDALE FL 33316**

Principal Office Address
**1625 SOUTHEAST THIRD AVENUE, SUITE 701
FORT LAUDERDALE FL 33316**

3. Date Formed or Registered
07/25/1994

5a. Capital Contributions as
Shown on record.
\$990.00

3a. Date of Last Report
11/18/1996

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

4. State or Country of Formation
FL

6. FEI Number
65-0473161

☐ 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)

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

**DYAL, PATRICK
1625 SOUTHEAST THIRD AVENUE, SUITE 701
FORT LAUDERDALE FL 33316**

Name

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

Suite, Apt. #, etc.

City

900002464169--9

-03/20/98--01118--003

******141.25 ****141.25**

FL

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)

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

11b. City, State & Zip Code

11c. Registration/
Document Number

CORAL RIDGE OB GYN ASSOCIATE

1400 E. OAKLAND PARK

FT. LAUDERDALE FL 333

K69693

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

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/97)