

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # A94000001005			
1. Entity Name RIO VISTA OB/GYN ASSOCIATES, LIMITED PARTNERSHIP			
Principal Place of Business 1625 SOUTHEAST THIRD AVENUE, SUITE 70 FORT LAUDERDALE FL 33316		Mailing Address 1625 SOUTHEAST THIRD AVENUE, SUITE 70 FORT LAUDERDALE FL 33316	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E003 (11/03)

4. FEI Number 65-0473161		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
POULIOT, REYNALD 1625 SOUTHEAST THIRD AVENUE, SUITE 701 FORT LAUDERDALE FL 33316		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

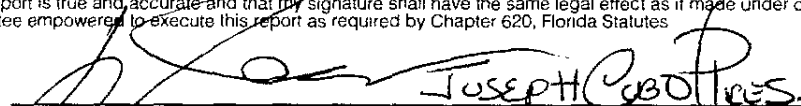
SIGNATURE _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record.	\$40,305.00	10. Amount of Capital Contributions in FLORIDA to date.	40305	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
--	--------------------	---	--------------	--

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	K69693	STREET ADDRESS	
NAME	CORAL RIDGE OB GYN ASSOCIATES, INC.	CITY - ST - ZIP	
STREET ADDRESS	224 COMMERCIAL BLVD #200		
CITY - ST - ZIP	LAUDERDALE BY THE SEA FL 33308		
DOCUMENT #		STREET ADDRESS	1000000158271
NAME		CITY - ST - ZIP	05/07/04-80014-022 526.25
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:  **JOSEPH C. ROBERTS (PRES.)** 4/27/04 (PS4) 351-0336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE