

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

97 DEC 30 AM 10:44



1. Name of Limited Partnership

1a. DOCUMENT #
A95000001656

VICTORIA MEDICAL EQUITY INVESTORS, LTD.

Mailing Address

**1200 CORPORATE CENTER WAY, SUITE 100
WEST PALM BEACH FL 33414**

Principal Office Address

**1200 CORPORATE CENTER WAY, SUITE 100
WEST PALM BEACH FL 33414**

3. Date Formed or Registered

11/01/1995

3a. Date of Last Report

01/31/1997

4. State or Country of Formation

FL

5a. Capital Contributions as
Shown on record

\$1,000.00

5b. Amount of Capital
Contributions in FL ORIDA
to date

2. Mailing Address

Suite, Apt. #, etc.

**3801 PGA Boulevard, Suite 1000
Palm Beach Gardens, FL 33410**

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

**3801 PGA Boulevard, Suite 1000
Palm Beach Gardens, FL 33410**

Zip

Country

6. FEI Number

65-0623673

☐ 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

**DASCO DEVELOPMENT CORPORATION
1200 CORPORATE CENTER WAY, SUITE 100
WEST PALM BEACH FL 33414**

10. If changed, new Registered Agent/Office

Name

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

**3801 PGA Boulevard, Suite 1000
Palm Beach Gardens, FL 33410**

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)

VICTORIA MEDICAL EQUITY CORP

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

1200 CORPORATE CENTER

**3801 PGA Boulevard, Suite 1000
Palm Beach Gardens, FL 33410**

11b. City, State & Zip Code

WELLINGTON FL 33414

11c. Registration/
Document Number

P95000083836

**600002397926--7
-01/13/98--01020--012
***330.00 ***165.00**

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

Typed or Printed Name of General Partner Signing Form

Patrick J. DiSalvo
Vice President

DATE

Daytime Telephone Number

**12-19-97
561-641-9900**

CP25003 (6/97)