

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

**97 JAN -2 AM 8:19**



1. Name of Limited Partnership <b>ULTRA TECH LEASING PARTNERSHIP, LTD.</b>	1a. DOCUMENT # <b>A96000001350</b>
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Mailing Address <b>% DIVINE BLALOCK MARTIN &amp; SELLARI, P.A. 560 VILLAGE BOULEVARD WEST PALM BEACH FL 33409</b>	Principal Office Address <b>% DIVINE BLALOCK MARTIN &amp; SELLARI, P.A. 560 VILLAGE BOULEVARD WEST PALM BEACH FL 33409</b>	3. Date Formed or Registered <b>07/17/1996</b>	5a. Capital Contributions as Shown on record. <b>\$155,000.00</b>
2. Mailing Address <b>c/o Brian Sheen 2915 Banyan Blvd Cr NW Boca Raton Fla 33431 USA</b>	2a. Principal Office Address <b>c/o Brian Sheen 2915 Banyan Blvd Cr NW Boca Raton Fla 33431 USA</b>	3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date. <b>\$ 3,000</b>
		4. State or Country of Formation <b>FL</b>	6. FEI Number <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		7. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> 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 <b>SELLARI, GARY B CPA DIVINE BLALOCK MARTIN &amp; SELLARI, P.A. 560 VILLAGE BOULEVARD WEST PALM BEACH FL 33409</b>	10. If changed, new Registered Agent/Office Name <b>Brian Sheen</b> Street Address (P.O. Box Number Is Not Acceptable) <b>2915 Banyan Blvd Cr NW</b> Suite, Apt. #, etc. City <b>Boca Raton</b> FL Zip Code <b>33431</b>
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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) *Brian Sheen* 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) <b>MEDICAL LEASING CORP.</b>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>560 VILLAGE BOULEVARD</b>	11b. City, State & Zip Code <b>WEST PALM BEACH FL 33</b>	11c. Registration/Document Number <b>P96000060147</b>
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*dec 191.25*

**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 *Brian Sheen* DATE **26 Dec 1996**  
Typed or Printed Name of General Partner Signing Form **Brian Sheen** Daytime Telephone Number **(561) 944370**

CR2E003 (6/96)