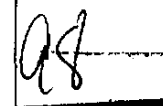
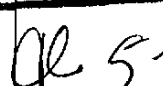
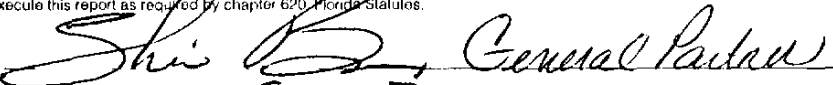


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandie D. Morfitt Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 MAY 13 PM 1:18	
1. Name of Limited Partnership MID FLORIDA PSYCHOLOGICAL ASSOCIATES, LTD.		1a. DOCUMENT # A97000000466			
Mailing Address 1361 AMERICAN ELM DRIVE ALTAMONTE SPRINGS FL 32714		Principal Office Address 1361 AMERICAN ELM DRIVE ALTAMONTE SPRINGS FL 32714		3. Date Formed or Registered 02/24/1997	
2. Mailing Address 1201 South Orlando Avenue Suite # 420 Winter Park FL 32789-7107 Orange		2a. Principal Office Address 1201 South Orlando Avenue Suite # 420 Winter Park FL 32789-7107 Orange		3a. Date of Last Report	
				4. State or Country of Formation FL	
				5a. Capital Contributions as Shown on record. \$125,000.00	
				5b. Amount of Capital Contributions in FLORIDA to date.	
				6. FEI Number 59-3428187 ☐ 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 BASS, SHERI 1361 AMERICAN ELM DRIVE ALTAMONTE SPRINGS FL 32714				10. If changed, new Registered Agent/Office Name 700002525707-5 Street Address (P.O. Box Number & Not Acceptable) -05/15/98-01084-008 Suite, Apt. #, etc. ****500.00 ****500.00 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. 700002525707-5 -05/15/98-01084-008 ****525.25 ****525.25					
SIGNATURE (Registered Agent Accepting Appointment) 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) MID-FLORIDA MANAGEMENT SERV		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1361 AMERICAN ELM DRI		11b. City, State & Zip Code ALTAMONTE SPRINGS FL	
				11c. Registration/Document Number P97000004858	
REINSTATEMENT   					
*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 4/30/98 Typed or Printed Name of General Partner Signing Form Sheri Bass Daytime Telephone Number (407) 644-2000					

CR2E003 (6/97)