

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 APR -8 PM 1:21

1. Name of Limited Partnership

1a. DOCUMENT #
A98000002231

WESTON MEDICAL AND PROFESSIONAL PARK, LTD.



Mailing Address

C/O DON GONZALEZ ESQ.
9050 PINES BLVD., SUITE 450
PEMBROKE PINES FL 33024

Principal Office Address

C/O DON GONZALEZ ESQ.
9050 PINES BLVD., SUITE 450
PEMBROKE PINES FL 33024

3. Date Formed or Registered

09/24/1998

5a. Capital Contributions as Shown on record

\$390,000.00

3a. Date of Last Report

5b. Amount of Capital Contributions in FLORIDA to date

4. State or Country of Formation

FL

2. Mailing Address

c/o Alvaro Correa

2a. Principal Office Address

c/o Alvaro Correa

Suite, Apt. #, etc.

2500 Weston Road

Suite, Apt. #, etc.

2500 Weston Road

City & State

Weston FL

City & State

Weston FL

Zip

33331

Country

USA

Zip

33331

Country

USA

6. FEI Number

65-0870031

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

GONZALEZ, DON ESQ.
9050 PINES BLVD., SUITE 450
PEMBROKE PINES FL 33024

10. If changed, new Registered Agent/Office

Name
c/o Alvaro Correa
Street Address (P.O. Box Number Is Not Acceptable)
2500 Weston Rd.
Suite, Apt #, etc.

City
Weston

Zip Code
FL 33331

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)

Alvaro Correa, By DON GONZALEZ P.O.A. DATE 4-7-99

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)

CORREA, ALVARO, President
and General Partner of
Weston Medical Office
Park, Inc.

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

2500 WESTON ROAD, SUI

11b. City, State & Zip Code

WESTON FL 33331

11c. Registration/
Document Number

000002840690--8
-04/15/99--01097--022
****526.25 ****526.25

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 Alvaro Correa, By DON GONZALEZ P.O.A.

DATE 4-7-99

Typed or Printed Name of General Partner Signing Form ALVARO CORREA, PRESIDENT

Daytime Telephone Number (454) 432-1699

CR2E003 (12/98)