

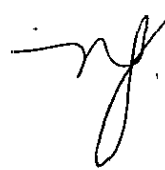
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000002231

1. Entity Name

WESTON MEDICAL AND PROFESSIONAL PARK, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 AUG 21 AM 10:02



Principal Place of Business	Mailing Address
2573 Mayfair Lane Weston, Florida 33327	2573 Mayfair Lane Weston, Florida 33327

2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	Applied For
65-0870031	Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Alvaro Correa
2573 Mayfair Lane
Weston, Florida 33327

7. Name and Address of New Registered Agent

Name: **Alvaro Correa**
Street Address (P.O. Box Number is Not Acceptable): **2573 Mayfair Lane**
City: **Weston** FL Zip Code: **33327**

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.

SIGNATURE:  **ALVARO CORREA** DATE: **7/30/00**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on Record	10. Amount of Capital Contributions in FLORIDA to date	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 #	A98000002231	STREET ADDRESS	688003371476--1
NAME	Weston Medical Office Park, Inc.	CITY-ST-ZIP	-08/24/00--01041--016
STREET ADDRESS	2573 Mayfair Lane		****400.00 ****400.00
CITY-ST-ZIP	Weston, Florida 33327	STREET ADDRESS	600003371476--1
DOCUMENT #		CITY-ST-ZIP	-08/24/00--01041--017
NAME			****526.25 ****526.25
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  **ALVARO CORREA** DATE: **7/30/00** (954) 295-5422

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)