

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # A02000000403

1. Entity Name
MEDICAL ARTS PROFESSIONAL CENTER, LTD.



Principal Place of Business
**2300 S. CONGRESS AVE
BOYNTON BEACH, FL 33426**

Mailing Address
**2300 S. CONGRESS AVE
BOYNTON BEACH, FL 33426**

DO NOT WRITE IN THIS SPACE



01182007 No Chg-LP

CR2E003 (12/06)

4. FEI Number
04-3637961

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SIRPAL, SURENDRA K M.D.
4685 S. CONGRESS AVE., STE. 200
LAKE WORTH, FL 33461**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and date if applicable.

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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

DOCUMENT # **P00000091243**
NAME **HERMATOLOGY ONCOLOGY ASSOCIATES PROPERTIES**
STREET ADDRESS **4685 S. CONGRESS AVE., STE. 200**
CITY-ST-ZIP **LAKE WORTH, FL 33461**

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U00000060382E
01/29/07-80029-021 500.00

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IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE