

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**  
 98 DEC 23 PM 2:28  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

1. Name of Limited Partnership	1a. DOCUMENT # <b>A05787</b>
<b>AMERICAN MEDICAL PLAZA LIMITED</b>	



Mailing Address 11880 SW 40TH ST. SUITE 405 MIAMI FL 33175 US		Principal Office Address 11880 SW 40TH ST. SUITE 405 MIAMI FL 33175 US		3. Date Formed or Registered <b>06/20/1977</b>	5a. Capital Contributions as Shown on record. <b>\$500,375.00</b>
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report <b>12/10/1997</b>	
				4. State or Country of Formation <b>FL</b>	
				6. FEI Number <b>59-1837793</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				7. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
8. Make check payable to: Dept. of State (See reverse side for fee information)					

9. Name and Address of Current Registered Agent  <b>MUDD, JOHN</b> 11880 SW 40TH ST, SUITE 405 MIAMI FL 33175	10. If changed, new Registered Agent/Office	
	Name	
	Street Address (P.O. Box Number Is Not Acceptable)	
	City	

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) \_\_\_\_\_ 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
BELL PARTNERS, INC.	-8701-SW-137TH-AVE-#30- 11880 S.W. 40th Street Suite #405	MIAMI FL Miami, FL 33175	G48803

**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 12/21/98

Typed or Printed Name of General Partner Signing Form Paul M. Schaefer, President Daytime Telephone Number 305-221-1900

CR2E003 (8/98)