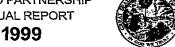
FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT



empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# A05787

FILED 98 DEC 23 PM 2: 28 SECRETARY OF STATE

AMERICAN MEDICAL PLAZA LIMITED							
Mailing Address 11880 SW 40TH ST. SUITE 405 MIAMI FL 33175	Principal Office Address 11890 SW 40TH ST. SUITE 405 MIAMI FL 33175 US			3. Date Formed or Registered 06/20/1977 3a. Date of Last Report	5a. Capital Contributions as Shown on record. \$500,375.00 5b. Amount of Capital Contributions in FLORIDA to date:		
U\$				12/10/1997 4. State or Country of Formation			
2. Mailing Address	2a. Principal Office Address			FL	\$500,375.00		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	10/13		6. FEI Number 59-1837793		Applied For Not Applicable	
City & State	City & State			7. Certificate of Status Desired	\$8.75 Additional Fee Required		
Zīp Country	Zip	Country		8. Make check payable to: Dept. of S	late (See rever		
9. Name and Address of Current Registered Agent			10, If changed, new Registered Agent/Office				
MUDD, JOHN 11880 SW 40TH ST, SUITE 405 MIAMI FL 33175 Street Address (P.O. Box Number Is Not Acceptable) Street Address (P.O. Box Number Is Not Acceptable) Suita, Apt. #, etc. -01/13/990102101 City *****535.*****************************						来神楽が多35。U)と a, submits this statement pointment of registered	
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Br	1 D	<u>E VVII</u> 11b.	City, State & Zip Code	11c.	Registration/ Document Number	
BELL PARTNERS, INC.	-8701-SW-197TH AVE #30- 11880 S.W. 40th Street Suite #405		MIAMIFL Miami, FL 33175		G48803		
Note: Consul numbers MAYNOT	a shared on this farm			of much he filed to she	700 7	noral partner	
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 outh. I further certify that I am a General Partner of the limited partnership, receiver or trustee

President
Daytime Telephone Num