


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR -6 AM 10:44

DOCUMENT # A05787 1. Entity Name AMERICAN MEDICAL PLAZA LIMITED	
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Principal Place of Business 5601 NORTH DIXIE HIGHWAY, SUITE 420 FT. LAUDERDALE FL 33334 US	Mailing Address 5601 NORTH DIXIE HIGHWAY, SUITE 420 FT. LAUDERDALE FL 33334 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 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 59-1837793	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required



MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent MUDD, JOHN 5601 NORTH DIXIE HIGHWAY SUITE 420 FT. LAUDERDALE FL 33334

7. Name and Address of New Registered Agent Name Timothy C. Lincoln, Esq. Street Address (P.O. Box Number is Not Acceptable) Downtown Legal Center 46 N. E. 6th Street City Miami FL Zip Code 33132

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 *Timothy C. Lincoln* **Timothy C. Lincoln, V.P.** DATE **3/15/04**

9. Capital Contributions as Shown on record. \$500,375.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. 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	
DOCUMENT #	G48803
NAME	BELL PARTNERS, INC.
STREET ADDRESS	5601 NORTH DIXIE HIGHWAY, SUITE 420
CITY-ST-ZIP	FT. LAUDERDALE FL 33334
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	600032974906
CITY-ST-ZIP	04/16/04--01062--014 **535.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

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: John P. Mudd **3/15/04** **(954) 202-1998**

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