

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 DEC 20 PM 1:42



1. Name of Limited Partnership MEDICAL EDUCATION PROGRAMS, LTD. <i>M.E.P. WIND-UP LIMITED PARTNERSHIP</i> <i>(NAME CHANGE AMENDMENT FILED)</i>	1a. DOCUMENT # A06239
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Mailing Address 872 DANBURY RD. WILTON CT 06097	Principal Office Address 872 DANBURY RD. WILTON CT 06097
2. Mailing Address 896 WESTPORT RD Suite, Apt. #, etc. City & State EASTON CT Zip Country 06612 USA	2a. Principal Office Address 896 WESTPORT RD Suite, Apt. #, etc. City & State EASTON CT Zip Country 06612 USA

3. Date Formed or Registered 01/03/1978	5a. Capital Contributions as Shown on record \$203,000.00
3a. Date of Last Report 11/07/1995	5b. Amount of Capital Contributions in FLORIDA to date 203,000.00
4. State or Country of Formation FL	6. FEI Number 06-0961888
7. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City State Zip Code
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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) KISSELL, HAROLD J.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 872 DANBURY RD 896 WESTPORT RD	11b. City, State & Zip Code WILTON CT EASTON CT 06612	11c. Registration/Document Number 100002041901--5 -12/31/96--01044--001 ****576.25 ****576.25
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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 *Harold J. Kissell* DATE 12.14.96
 Typed or Printed Name of General Partner Signing Form HAROLD J. KISSELL Daytime Telephone Number 203-834-1811

CR2E003 (6/96)