FILE ON OR BEFORE APRIL 7, 1999 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A16498

SECRETARY OF STATE DIVISION OF CORFORATIONS

99 APR -9 AH 11:00



1325 SAN MARCO BLVD. STE. 801 JACKSONVILLE FL 32207 1325 SAN MARCO BLVD. STE. 801 JACKSONVILLE FL 32207 2. Mailing Address 2a. Principal Office Address 2bute, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country 2ip Country 2ip Country 2ip Country 2ip Country Country 2ip Country 10, Il changed new Registered Agent Office and Address of Current Registered Agent Name DUSS, JOHN S IV 50 N. LAURA STREET Suite, Apt. #, etc. City Sireet Address (P O Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code FL Zip Code FL Zip Code FL Zip Code Suite, Apt. #, etc. City FL Zip Code Suite, Apt. #, etc. City FL Zip Code FL		710430				
1325 SAN MAROO BLVD. STE 801 JACKSONVILLE FL 32207 1325 SAN MAROO BLVD. STE 801 JACKSONVILLE FL 32207 2. Mailing Address 3. Dute, Apt. #, etc. 5. Suite, Apt. #, etc. 6. Ft Haumber 5. P2623871 7. Geofficials of Satists Desired 3. Make check payable to Dupt of State (Size receives sold for fee wife Satists Desired 3. Make check payable to Dupt of State (Size receives sold for fee wife Satists Address of Current Registered Agent 1. Manuel DUSS, JOHN S IV 5. ON LAURA STREET SUITE 2800 JACKSONVILLE FL 32202 1. Applied For Satists Desired 5. Suite, Apt. #, etc. 6. Ft Haumber 5. Make check payable to Dupt of State (Size receives sold for fee wife Satists Desired Control of Satists Desired Agent/Office 9. Name and Address of Current Registered Agent 1. Manuel 5. Suite, Apt. #, etc. 6. Ft Haumber 5. P2623871 7. Geofficials of Satists Desired 1. Manuel 1. Manuel of Control of Satists Desired Agent Agent/Office 5. Suite Age #, etc. 6. Ft Haumber 5. Make check payable to Dupt of State (Size receives sold for fee wife for forest agent Agent/Office 1. Manuel of the provisions of accions 60 1001 and 620 192. Florida Satists Desired Agent Accepting agent	ST. JOHNS MEDICAL INVEST	ORS, LTD.		i işəbəli kabı albas tilik ərdii	1878/ 1811 81814 81814 81814 81814 81814 81814 81814 81814 81814	
2. Mailing Address 28. Principal Office Address 29. Principal Office Address 4. State or Country of Formation FL 6. FET Number 59-2623871 Applied For 59-2623871 Ap	1325 SAN MARCO BLVD., STE. 901	1325 SAN MARCO BLVD. STE 901 JACKSONVILLE FL 32207		02/28/1984 3a. Date of Last Report 10/03/1997	(Shown Strigger	
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Country Zip Country 7. Certificate of Status Desired 8. Make check payable to Dopt of State (See Teverse's ed for fee info 9. Name and Address of Current Registered Agent 10. It changed new Registered Agent/Office DUSS, JOHN S N 50 N. LAURA STREET SUITE 2800 JACKSONVILLE FL 32202 City FL Zip Code City FL Zip Code 10a. Pursuant to the provisions of sections 620 1051 and 620 192. Florida Statutes, the above names limited partnership organized or registered under the laws of the State of Fiorida, submits this state for the purpose of changing its registered office or registered agent or both, in the State of Fiorida. Significant membrare with, and accept the obligation of section 920 192. Florida Statutes For the purpose of changing its registered office or registered agent or both, in the State of Fiorida. Significant membrare with, and accept the obligation of section 920 192. Florida Statutes For the purpose of changing its registered office or registered agent or both, in the State of Fiorida. Significant membrare with, and accept the obligation of section 920 192. Florida Statutes For the purpose of changing its registered office or registered agent or both, in the State of Fiorida. Significant membrare with, and accept the obligation of section 920 192. Florida Statutes For the purpose of changing its registered office or registered agent or both, in the State of Fiorida Statutes A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS EN MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(a) of General Partner(s) 12. State 920 1920 1920 1920 1920 1920 1920 1920	2				5b. Amount of Capital Contributions in FLORIDA to date:	
City & State Country City & State To Country City & State To Country City & State To Country To	Z. Mailing Address	Zd. Principal Office Address		FL		
T. Centificate of Status Depared \$8.75 Andaton \$8.76 And	·				Applied For Not Applicable	
Fee Required State Check payable to Dops of State (See reverse side for fee into	City & State	City & State		7. Certificate of Status Desired	\$8.75 Additional	
DUSS, JOHN S IV 50 N. LAURA STREET SUITE 2800 JACKSONVILLE FL 32202 Total The provisions of sections 820 1051 and 820 192. Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this state 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). Thereby accept the appointment of registered agent, and the state of Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENMUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. Address of Each General Partner CONSOLIDATED HEALTH SERVICES 1800 BARRS STREET, SU JACKSONVILLE FL 32204 F08539 1 1 1 1 1 2 2 1 (14 / 13 / 33 - 011 20022 14 + 1 2 2 1 (14 / 15 / 33 - 011 20022 14 + 1 2 2 1 (14 / 15 / 33 - 011 20022 14 + 1 2 2 1 (14 / 15 / 33 - 011 20022 14 + 1 2 2 1 (14 / 15 / 33 - 011 20022 14 + 1 2 2 1 (14 / 15 / 33 - 011 20022 14 + 1 2 2 1 (14 / 15 / 33 - 011 20022 14 + 1 2 2 1 (14 / 15 / 33 - 011 20022 14 + 1 2 2 1 (14 / 15 / 33 - 011 20022 14 + 1 2 2 1 (14 / 15 / 33 - 011 20022 14 (14 / 15 / 33 - 011 20022 14 (14 / 15 / 33 - 011 20022 14 (14 / 15 / 33 - 011 20022 14 (14 / 15 / 33 - 011 20022 14 (14 / 15 / 33 - 011 20022 14 (14 / 15 / 33 - 011 20022 14 (14 / 15 / 33 - 011 20022 14 (14 / 15 / 33 - 011 20022 14 (14 / 15 / 33 - 011 20022 14 (14 / 15 / 33 - 011 20022 14 / (14 / 15 / 33 - 011 20022 14 / (14 / 15 / 33 - 011 20022 14 / (14 / 15 / 33 - 011 20022 14 / (14 / 15 / 33 - 011 20022 14 / (14 / 15 / 33 - 011 20022 14 / (14 / 15 / 33 - 011 20022 14 / (14 / 15 / 33 - 011 20022 14 / (14 / 15 / 33 - 011 20022 14 / (14 / 15 / 33	Zip Country	Zip C	ountry	8. Make check payable to: Dept. of	Fee Required	
DUSS, JOHN S IV 50 N. LAURA STREET SUITE 2800 JACKSONVILLE FL 32202 10a. Pursuant to the provisions of accitions 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 state 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). Thereby accept the appointment of registered agent. I am femiliar with, and accept the obligations of section 620 192. Florida Statutes SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENMUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. Address of Each General Partner CONSOLIDATED HEALTH SERVICES 1800 BARRS STREET, SU JACKSONVILLE FL 32204 F08539 1 CICIO SERVICES 1 SACKSONVILLE FL 32204 F08539 1 CICIO SERVICES 1 SACKSONVILLE FL 32204 F08539 1 CICIO SERVILLE FL 32204 F08539	A Name and Address of Current	t Registered Agent		10 If channed new Secretared	Apont/Office	
Street Address (P.O. Box Number Is Not Acceptable) Suite. Apt. 8, etc. City FL Zip Code Total City FL Zip Code FL Zip Cod	DUSS, JOHN S IV 50 N. LAURA STREET SUITE 2800 SUITE 3000 SUITE 3000		Name			
Sulte 2800 JACKSONVILLE FL 32202 Total To						
JACKSONVILLE FL 32202 City FL Zip Code Toda Pursuant to the provisions of sections 620 1051 and 620 192. Florida Statutes, the above named imited partnership organized or registered under the taws of the State of Florida, submits this state for the purpose of changing its 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. The purpose of changing its registered agent 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 ENMOST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. Address of Each General Partner CONSOLIDATED HEALTH SERVICES 1800 BARRS STREET, SU JACKSONVILLE FL 32204 F08539 1 CICLOTORS 4 1 2 104/113//9301120022 **********************************						
tor 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 regist 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 ENTIRED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. Address of Each General Partner CONSOLIDATED HEALTH SERVICES 1800 BARRS STREET, SU JACKSONVILLE FL 32204 F08539 1 CICIOLE 1800 BARRS STREET, SU JACKSONVILLE FL 32204 *******526.2*******526.2****************						
11. Name(s) of General Partner(s) 11a. (Do NOT Use Post Office Box Numbers) CONSOLIDATED HEALTH SERVICES 1800 BARRS STREET, SU 1ACKSONVILLE FL 32204 1COLORES Post Office Box Numbers) 1D. City, State & Zip Code 11c. Registration/Document Numbers 1D. City, State & Zip Code 11c. Registration/Document Numbers 11d. (Do NOT Use Post Office Box Numbers) 1 CITY State & Zip Code 11c. Registration/Document Numbers 11d. (Do NOT Use Post Office Box Numbers) 1 CITY State & Zip Code 11c. Registration/Document Numbers 11d. (Do NOT Use Post Office Box Numbers) 1 CITY State & Zip Code 11c. Registration/Document Numbers 11d. (Do NOT Use Post Office Box Numbers) 1 CITY State & Zip Code 11c. Registration/Document Numbers 1 CITY State & Zip Code 11c. Registration/Document Numbers 1 CITY State & Zip Code 11c. Registration/Document Numbers 1 CITY State & Zip Code 11c. Registration/Document Numbers 1 CITY State & Zip Code 1 CI	for the purpose of changing its registered office or a agent. I am familiar with, and accept the obligation: SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT	registered agent, or both, in the State of Florida s of section 620 192, Florida Statutes	Such change wa	as authorized by its general partner(s). I heret DATE ARTNERSHIP OR OTHI	by accept the appointment of registered	
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Note: General partners MAY NOT be changed on this form: an amendment must be filed to change a general part				-04/19	/99-~01120022	
	Note: General partners MAY NOT	he changed on this form:	an ameno	lment must be filed to ch	ange 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 Corp.						

is true and accurate and that my signature shall have the same legal effects as if made under oath. 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.