

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Martham Secretary of State DIVISION OF CORPORATIONS
---	---	---

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 SEP 11 PM 2: 50



VENICE PRIMARY CARE PROPERTIES, LTD.

1. Name of Limited Partnership	1a. DOCUMENT # A17984	
VENICE PRIMARY CARE PROPERTIES, LTD.		
Mailing Address 16 RIESZ 6415 MIDNIGHT PASS #311 SARASOTA FL 34242	Principal Office Address 16 RIESZ 6415 MIDNIGHT PASS #311 SARASOTA FL 34242	
2. Mailing Address Suite, Apt. #, etc. City & State Zip	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip	
3. Date Formed or Registered 10/02/1984		5a. Capital Contributions as Shown on record \$410,400.00
3a. Date of Last Report 01/15/1997		5b. Amount of Capital Contributions in FLORIDA to date:
4. State or Country of Formation FL		6. FEI Number 59-2472603
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent RIESZ JANENE M. 6415 MIDNIGHT PASS 311 SARASOTA FL 34242	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City
	FL Zip Code

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)

Janene M. Riesz

DATE

9-7-97

**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) VENICE MED. REAL. GROUP	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 8415 MIDNIGHT PASS 31	11b. City, State & Zip Code SARASSOTA FL 34242	11c. Registration/ Document Number G93055000102
<p>2000002232222--1 -09/12/97-01121--026 ****541.25 ****541.25</p> <p><i>dec</i></p>			

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

Janene M. Riesz

DATE

9-7-97

Typed or Printed Name of General Partner Signing Form *JANENE M. RIESZ*

Daytime Telephone Number

941-346-0939

CR2E003 (6/97)