

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 OCT 21 AM 9:38



LIMITED PARTNERSHIP ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership	1a. DOCUMENT # A22346
ARDEN HILL MEDICAL CENTER, LTD.	

Mailing Address % PARK AVENUE LEASING & MANAGEMENT 1620 N. COUNTY ROAD 427 LONGWOOD FL 32750	Principal Office Address 6388 SILVER STAR RD. ORLANDO FL 32818
2. Mailing Address 1632 N. COUNTY ROAD 427 Suite, Apt. #, etc.	2a. Principal Office Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 04/10/1986	5a. Capital Contributions as Shown on record \$6,000.00
3a. Date of Last Report 11/13/1995	5b. Amount of Capital Contributions in FLORIDA to date
4. State or Country of Formation FL	
6. FEI Number 59-2660633	☐ Applied For ☐ Not Applicable
7. Certificate of Status Desired ☐	\$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 ARSLANIAN, EDWARD J 6388 SILVER STAR RD., SUITE 1-D ORLANDO FL 32818	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 1632 N. COUNTY ROAD 427 Suite, Apt. #, etc. City FL 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) ARDEN HILL MEDICAL CENTER, I	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1620 N. COUNTY ROAD 4	11b. City, State & Zip Code LONGWOOD FL	11c. Registration/Document Number H88880
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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 _____ DATE _____

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (6/96)