

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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 11 AM 10:11 *wmtu*
12/12



1. Name of Limited Partnership	1a. DOCUMENT # A25249
KIDNEY CENTER OF SOUTH FLORIDA, LTD.	

Mailing Address 2665 S. BAYSHORE DR. MIAMI FL 33133	Principal Office Address 2665 S. BAYSHORE DR. MIAMI FL 33133	3. Date Formed or Registered 09/30/1987	5a. Capital Contributions as Shown on record. \$50,000.00
2. Mailing Address Suite, Apt. #, etc.	2a. Principal Office Address Suite, Apt. #, etc.	3a. Date of Last Report 04/09/1997	
City & State	City & State	4. State or Country of Formation FL	5b. Amount of Capital Contributions in FL ORIDA to date 50,000.00
Zip Country	Zip Country	6. FEI Number 76-0134962	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
		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 MADORSKY, MARSHA, ESQ. 2665 SOUTH BAYSHORE DRIVE SUITE 603 MIAMI FL 33133	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 400002373774--1 City -12/16/97--01094--010 ****453.75 FL ****453.75
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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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
SOUTH FLORIDA LITHOTRIPTERS,	7400 N. KENDALL DR.,	MIAMI FL 33156	A19548

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 *Martin L. Madorsky* DATE *11/20/97*
Typed or Printed Name of General Partner Signing Form **MARTIN L. MADORSKY** Daytime Telephone Number **(305) 856-0879**

CP2E003 (6/97)