## 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

1a. DOCUMENT # **A25954** 

REGENCY INVESTORS, LTD.

MEDTX CORPORATION

FILED 99 MAR 23 PM 3: 21



Mailing Address		Principal Office Address		3. Date Formed or Registered	<b>3a.</b> Capital Contributions as Shown on record.	
555 W. GR/	anada BLVD., Suite A-3	555 W. GRANADA	BLVD SUITE A-3	02/18/1988	\$900.00	
ORMOND BEACH FL 32174		ORMOND BEACH F	EL 32174	3a. Date of Last Report 01/26/1998		
2. Mailing Address 2a. Principal Office Add			Address	4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date	
Suite, Apt. #,	etc.	Suite, Apt. #, etc.  City & State		6. FEI Number 58-1773605	Applied For Not Applicable	
				7. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip	Country Zip			Country  8. Make check payable to Dept. of State (See reverse side for fee information)		
	9 Name and Address of C	urrent Registered Agent		10. If changed, new Registered	Agent/Office	
HAYES	, RONALD E		Name	Name  Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt #, etc		
	GRANADA BLVD., SUITE A:	3	Street Address (			
ORMOI	ND BEACH FL 32174		Suite, Apt #, etc			
			City		FŁ Zip Code	
for the agent	purpose of changing its registered offi I am familiar with, and accept the oblig	ce or registered agent, or both, in the gations of section 620.192, Florida St	State of Florida Such change w	o organized or regislered under the laws of th as authorized by its general partner(s). I here	by accept the appointment of registered	
· · · · · · · · · · · · · · · · · · ·	Registered Agent Accepting Appointmen IERAL PARTNER TH	IAT IS A CORPORA	TION, LIMITED P	ARTNERSHIP OR OTH WITH THIS OFFICE.		
11. Name	e(s) of General Partner(s)			1b. City, State & Zip Code	11c. Registration/ Document Number	
			1		1	

**ORMOND BEACH FL 32174** 

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555 W. GRANADA BLVD.,