APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP

A28283

LORI[illegible] DEPARTMENT OF STATE
[illegible]ndra B. M[illegible]am
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 DEC 10 AM 9:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # A28283

1. Name of Limited Partnership
Beta Medical Property Limited Partnership

2. Mailing Address c/o Cheffy Passidomo Wilson & Johnson
Suite, Apt. #, etc. 821 Fifth Ave. S. Suite 201
City & State Naples, Florida
Zip 34102 Country USA

3. Principal Office Address c/o Cheffy Passidomo Wilson & Johnson
Suite, Apt. #, etc. 821 Fifth Ave. S. Suite 201
City & State Naples, Florida
Zip 34102 Country USA

4. Date Formed or Registered To Do Business in Florida 5/2/89
400002378636--7
5. FEI Number -12/18/97--01074--002 Not Applicable
650178405 ******8.75 ******8.75

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status

7. State or Country of Formation

8a. Capital Contributions as Shown on Record
800,000

8b. Amount of Capital Contributions in FLORIDA to date
800,000

FEES: 1.) Filing Fee(s): Computed at a rate of $7 per $1,000 on amount entered in 8b, with a minimum filing fee of $52.50 and a maximum of $437.50, for each year due this office.
2.) Supplemental Fee(s): $138.75 for each year due this office, beginning with 1992 calendar year.
3.) Penalty Fee(s): $500 penalty fee for each year report form is delinquent
Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent
Denis A. Kleinfeld
c/o Kleinfeld & Zabludowski
200 S. Biscayne Blvd., #3650
Miami, Florida 33131

10. If changed, new registered agent/office
Name
Corporation Service Company
400002378636--7
Street Address (P.O. Box Number not acceptable)
1201 Hays Street -12/18/97--01074--003
Suite, Apt. # etc. ****541.25 ****541.25
City Tallahassee FL Zip Code 32301

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) Karen B. Rozar DATE

Karen B. Rozar, As Its Agent

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Names of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registration Document Number
Beta Medical of Naples, Inc.	c/o Cheffy Passidomo Wilson & Johnson LLP 821 Fifth Avenue S.	Naples, Florida	P97000057200

400002376644--3
-12/18/97--01074--004
***7185.00 ***7185.00

REINSTATEMENT 91-98/Lus

CM

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 Moris Beracha, Director of Beta Medical Telephone Number

CR2E039 (4/95)