

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 16 PM 1:59

12/17

1. Name of Limited Partnership

1a. DOCUMENT #
A29049

OCEAN PLAZA ASSOCIATES, LTD.



Mailing Address

% SOUTH FLORIDA HEALTH CARE MGMT. CORP.
2500 E. HALLANDALE BEACH BLVD., STE. 803
HALLANDALE FL 33309

Principal Office Address

% SOUTH FLORIDA HEALTH CARE MGMT. CORP.
2500 E. HALLANDALE BEACH BLVD., STE. 803
HALLANDALE FL 33309

3. Date Formed or Registered

10/12/1989

5a. Capital Contributions as Shown on record

\$1,500,000.00

3a. Date of Last Report

12/30/1996

5b. Amount of Capital Contributions in FLORIDA to date:

4. State or Country of Formation

FL

2. Mailing Address

1815 GRIFFIN RD
Suite, Apt. #, etc.
203

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

DANIA FL

City & State

Zip Country

33009

Zip Country

6. FEI Number

65-0151223

☐ 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

POLLACK, CHARLES
% SOUTH FLORIDA HEALTH CARE MGMT CORP.
2500 E. HALLANDALE BEACH BLVD., STE. 803
HALLANDALE, FL FL 33309

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

1815 GRIFFIN RD Suite 203

City

DANIA

Zip Code

FL 33004

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)

SOUTH FLORIDA HEALTHCARE MAN

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

2500 E HNDL BCH BL, #8
1815 GRIFFIN RD
Suite 203

11b. City, State & Zip Code

HALLANDALE FL
DANIA, FL 33004

11c. Registration/Document Number

G55794

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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 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

Charles Pollack

DATE

10/15/97

Typed or Printed Name of General Partner Signing Form

C. POLLACK

Daytime Telephone Number

954-920-4000

CR2E003 (6/97)