

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

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

96 DEC 27 AM 11:17

*note
116*

1. Name of Limited Partnership

1a. DOCUMENT #

A29103

CHANG FAMILY PARTNERSHIP, LTD.



Mailing Address

507 EAST M.L. KING JR. BLVD
SUITE 112
TAMPA FL 33603

Principal Office Address

507 EAST M.L. KING JR. BLVD
SUITE 112
TAMPA FL 33603

3. Date Formed or Registered

10/24/1989

5a. Capital Contributions as Shown on record

\$9,900.00

3a. Date of Last Report

12/29/1995

5b. Amount of Capital Contributions in FLORIDA to date

\$9900.00

2. Mailing Address

4131 Saltwater Blvd.

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Zip Country

33615

4. State or Country of Formation

FL

6. FEI Number

59-2980393

☐ 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

**CHANG, CHIH CHIEN, M.D.
507 EAST MARTIN L. KING JR. BLVD.
SUITE 112
TAMPA FL 33603**

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

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

CHANG, CHIH CHIEN, M.D.

507 E. BUFFALO AVE, #1

TAMPA FL

**100002049601--3
-01/07/97--01183--024
****208.75 ****208.75**

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

Chih C. Chang, M.D.

DATE

Dec. 23, 1996

Typed or Printed Name of General Partner Signing Form

CHIH CHIEN CHANG

Daytime Telephone Number

(813) 229-439