



FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED <i>W 11/18</i> 98 NOV 17 AM 11:56 SECRETARY OF STATE TALLAHASSEE FLORIDA 	
1. Name of Limited Partnership LASERTRIPSY TECHNIQUES, LTD.		1a. DOCUMENT # A29273			
Mailing Address 1340 PALMETTO AVENUE WINTER PARK FL 32792		Principal Office Address 1340 PALMETTO AVENUE WINTER PARK FL 32792		3. Date Formed or Registered 11/28/1989	
				3a. Date of Last Report 12/15/1997	
2. Mailing Address		2a. Principal Office Address		4. State or Country of Formation FL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEI Number 65-0164269	
City & State		City & State		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		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 FINKEL, TED S. 1340 PALMETTO AVENUE WINTER PARK FL 32792				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					
LASERTRIPSY TECHNIQUES, Inc.		1340 PALMETTO AVENUE		WINTER PARK FL 32792	
126972					
000002692020--7 -11/19/98--01094--013 ***526.25 ***526.25					
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 <i>Ted S. Finkel</i> DATE <i>11/9/98</i>					
Typed or Printed Name of General Partner Signing Form <i>Ted S. Finkel for Lasertripsy</i> Daytime Telephone Number <i>407 644 1262</i>					

CR2E003 (8/98)