

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE**

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| LIMITED PARTNERSHIP ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS |
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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

97 APR 10 AM 10:06

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| 1. Name of Limited Partnership FLORIDA MEDICAL CENTER, LTD. | 1a. DOCUMENT # A29480 |
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| Mailing Address 5000 WEST OAKLAND PARK BLVD. FT. LAUDERDALE FL 33313 | Principal Office Address 5000 WEST OAKLAND PARK BLVD. FT. LAUDERDALE FL 33313 | 3. Date Formed or Registered 01/09/1990 | 5a. Capital Contributions as Shown on record. \$4,980,000.00 |
| | | 3a. Date of Last Report 11/21/1995 | 5b. Amount of Capital Contributions in FLORIDA to date: |
| | | 4. State or Country of Formation FL | |
| 2. Mailing Address Suite, Apt. #, etc. City & State Zip Country | 2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country | 6. FEI Number 65-0154753 <div style="float:right"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div> | |
| | | 7. Certificate of Status Desired <div style="float:right"> <input type="checkbox"/> \$8.75 Additional Fee Required </div> | |
| 8. Make check payable to: Dept. of State (See reverse side for fee information) | | | |

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| 9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | 10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City State Zip Code |
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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.**

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| 11. Name(s) of General Partner(s) MCF, INC. | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5000 W. OAKLAND PK BL | 11b. City, State & Zip Code FT. LAUDERDALE FL | 11c. Registration/Document Number L32855 |
| 000002144030--0 -04/15/97--01086--014 *****541.25 *****541.25 doc 541.25 | | | |

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 *Merle Bass* DATE 4/1
 Typed or Printed Name of General Partner Signing Form MERLE BASS, CFO Daytime Telephone Number (954) 735-6000 X7005

CR2E003 (11/96)