

		FLORIDA DEPARTMENT OF STATE SECRETARY OF STATE DIVISION OF CORPORATIONS	
APPLICATION FOR REINSTATEMENT FOR LIMITED PARTNERSHIP		FILED 98 SEP -4 PM 4: 06	
DOCUMENT # A29480		DO NOT WRITE IN THIS SPACE	
1. Name of Limited Partnership Florida Medical Center, Ltd. c/o Mary H. Yumibe 3820 State Street Santa Barbara, CA 93105		4. Date Formed or Registered To Do Business in Florida 1/9/90	
2. Mailing Address c/o Mary H. Yumibe Suite, Apt. #, etc. 3820 State Street City & State Santa Barbara, CA Zip Country 93105 USA		3. Principal Office Address 3820 State Street Suite, Apt. #, etc. City & State Santa Barbara, CA Zip Country 93105 USA	
5. FEI Number 65-0154753		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	
7. State or Country of Formation		8a. Capital Contributions as Shown on Record: \$4,980,000	
8b. Amount of Capital Contributions in FLORIDA to date \$4,980,000		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): \$103.75 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 C T Corporation System 1200 South Pine Island Road Plantation, FL 33324		10. If changed, new registered agent/office Name 600002639776--4 Street Address (P.O. Box Number Is Not Acceptable) -09/15/98--01054--001 ****\$500.00 ****\$500.00 Suite, Apt. #, etc. 600002639776--4 City -09/15/98--01054--002 ****\$526.25 ****\$526.25	
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) <u>Rose Bryan</u> <u>Rose Bryan</u> Special Asst. Secy. DATE <u>9-4-98</u>			
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) MCF, Inc.	Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3820 State Street	City, State and Zip Code Santa Barbara, CA 93105	11a. Registration Document Number 132855
500.00 875.00 177.50 <u>\$1,552.50</u>		600002639776--4 -09/15/98--01054--003 ****\$526.25 ****\$526.25	
REINSTATEMENT 1998		1999 AR	
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.			
MCF, Inc. General Partner SIGNATURE By <u>Caitlin M. Larsen</u> DATE <u>9/1/98</u> Caitlin M. Larsen, Asst. Secretary			
Typed or Printed Name of General Partner Signing Form		Telephone Number <u>805/563-7075</u>	

CR2E039 (1/97)