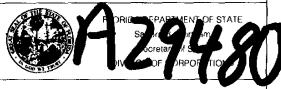
9	APPLICATION FOR REINSTATEMENT					
	FOR					
LIMITED PARTNERS						
$\overline{}$	OLIMPNIT #					



# REINSTATE	47/7	F DRIE	E II	or on	SECRETARY	' C'TATH		
FOR			ocretar M	44	SECRETARY OF DIVISION OF CORE	ORATIONS		
LIMITED PARTNERSHIP					98 SEP -4 PM 4: 06			
DOCUMENT 1. Name of Limited Parties					30 SEF -4 PA	4: UB		
	da Medical Cen	ter, Ltd.	. 1				l	
	ary H. Yumibe	גו	1111 9	/	DO NOT WRIT	E IN THI S S PACE	ļ	
Santa 2. Mailing Address	State Street Barbara, CA	93105 3. Principal Office Addre	i tror n)				
c/o Mary H. Yumibe		3820 State Street		To Do Business in Florida	1/9/90			
Suite, Apt # etc State	Street	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. FEI Number 65-0154753		Applied For	
City & State		City & State				Not Applicable		
Santa Barl	Country	Santa Bar	Country	<u> </u>		CERTIFICATE OF STATUS DESIRED 58 75 Additional Fee for a Certificate of S		
93105	USA	93105	USA	A	7. State or Country of Formation		_	
8a. Capital Contributions on Record:	as Shown	FEES:1.) Filing Feel	s): Computed	at a rate of \$7 per	\$1,000 on amount entered in 8b, with a minim	um filing fee of \$52.50	and a maximum of	
\$4,980,00	00		\$437.50, for each year due this office					
8b. Amount of Capital Confliction of Capital Capital Confliction of Capital Capital Confliction of Capital		Note: If the amount ent-	3.) Penalty Fee(s): \$500 penalty fee for <u>each year</u> re					
9,	Name and Address of Curren	Registered Agent	agistered Agent		10. If changed, now registered	10. If changed, now registered agont/office		
C T Corpor	ration System		Name		and the transfer of the same and the	6000026397764 -09/15/9801054001		
	n Pine Island I	Road	ad		Street Address (P.O. Box Number Is Not Acceptable) *****500.00 ****500.00			
Plantation	, FL 33324		Suite, Apt. #, etc.		6000026	6000026397764		
			City		****526. 25			
10a. Pursuant to the prov	visions of sections 620 1051 an	d 620 192, Florida Statutes, the at	ove-named lin	mited partnership				
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.								
		Poner Bryan Cl						
A GENERAL	PARTNER THAT MUS	T BE REGISTERE	D AND	ACTIVE V	RTNERSHIP OR OTHEF VITH THIS OFFICE.			
11. Names of Gener	al Partner(s)	Address of Each (Do NOT Use Post O			City, State and Zip Code		grstration nent Number	
	<i>I</i> I.				, , , , , , , , , , , , , , , , , , ,	1		
MCF, Inc.		3820 State Street		Sa	nta Barbara, CA 9310	L32855	{	
50	0.00				6 0000026	397.76	34	
875.00					~U37.137 米米米352	36uius4- 6.25 ****	UU3 :526`25	
810.00					,		, (3	
17	17.80				, , , , , , , , , , , , , , , , , , , ,	1 1999) [
\$ 1,552.50		REINSTATEMENT 1998 1999					1	
							1	
		I hul \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
					\bigvee		/	
Note: General p	partners MAY NOT	be changed on thi	s form;	an amendr	nent must be filed to char	ige a genera	l 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								

Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt	
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	al 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, Inco, General Partner	
SIGNATURE By Millin Vacces	DATE 9/1/98
Colt Mn M Tangan Agat Carratary	905/562 7075
Typed or Printed Name of General Partner Signing Form	Telephone Number 805/563-7075