FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

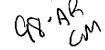
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# A30031

PLASTIC SURGERY MANAGEMENT, LTD.



FILED

97 SEP 23 AM 10: 57

SECRETARY OF STATE TALLAHASSEE, FLORIDA



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Mailing Address	Principal Office Address			3. Date Formed or Registered	5a. Capital Contributions as Shown on record.		
C/O KRAMER & ZUCKERMAN, P.A. 4000 HOLLYWOOD BLVD., SUITE 485 SOUTH	C/O KRAMER & ZUCKERMAN, P.A. 4000 HOLLYWOOD BLVD., SUITE 485 SOUTH		:	05/04/1990 3a. Date of Lest Report	\$28,915.00		
HOLLYWOOD FL 33021	HOLLYWOOD FL 33021			11/01/1996		5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address			4. State or Country of Formation	to date:		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		FL 6. FEI Number			
City & State	City & State	City & State		65-0189384	Applied For Not Applicable		
Zip Country	Zip	Zip Country		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		10. If changed, new Registered Agent/Office					
KRAMER, ROBERT M % KRAMER & ZUCKERMAN, P.A. 4000 HOLLYWOOD BLVD., SUITE 485 S. HOLLYWOOD FL 33021		Name					
		Street Address (P.O. Box Number Is Not Acceptable)					
		Suite, Apt. #, etc.					
		City Zip Code					
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 Gene	. (D. d	11b.	City, State & Zip Code	11c.	Registration/ Document Number	
ZELMAN, DONALD	201 NW 82ND AVE., #10		PLANTATION FL				
		į		000002 -09/25 ****3	303 797-0 106.75	1 BOO 1053005 ****306.75	
Ned Charal resident	The changed on this form			nt must be filed to the	2000	onoral norther	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 12. 1 veby 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							
tions 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 the part 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 emptered to execute this report as required by chapter 620, Florida statutes							
SIGNATURE JONALD Selwan DATE 9/18/97							
Typed or Printed Name & General Partner Signing Form DONALD ZR LM YV Daytime Telephone Number 9541712 1600							