

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP 26 PM 12:03

1. Name of Limited Partnership

1a. DOCUMENT #
A30894

ORLANDO INSTITUTE FOR CARDIAC CARE, LTD.



Mailing Address

**C/O HEALTHNET SERVICES, INC.
1414 KUHLE AVENUE
ORLANDO FL 32806**

Principal Office Address

**C/O HEALTHNET SERVICES, INC.
1414 KUHLE AVENUE
ORLANDO FL 32806**

3. Date Formed or Registered
12/11/1990

5a. Capital Contributions as
Shown on record.
\$1,020,500.00

3a. Date of Last Report
01/18/1996

5b. Amount of Capital
Contributions in FLORIDA
to date:
\$1,020,500.00

4. State or Country of Formation
FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number
59-3055448

☐ Applied For
☐ Not Applicable

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

**MATEER, WILLIAM G ESQ
MATEER, HARBERT & BATES P.A.
225 E. ROBINSON ST. STE. 600
ORLANDO FL 32802**

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

**HEALTHNET SERV., INC.
OUTPATIENT CATH LABS**

**1414 KUHLE AVE.
80 W. LUCERE CIR.**

**ORLANDO FL
ORLANDO FL**

**F94314
L94638**

600001564296
10/03/96-UT086-011
****576125 ****576125

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

Sunil M. Kakkar 9/17/96

DATE

9-30-96

Typed or Printed Name of General Partner Signing Form

Sunil M. Kakkar

Daytime Telephone Number

407-425-6226

CR2E003 (6/96)