

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1998**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAR 13 AM 9:03

1. Name of Limited Partnership

1a. DOCUMENT #
A30894

ORLANDO INSTITUTE FOR CARDIAC CARE, LTD.



Mailing Address

Principal Office Address

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

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

09/26/1996

5b. Amount of Capital
Contributions in FLORIDA
to date:

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

10. If changed, new Registered Agent/Office

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

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

600002450016--E

-03/17/98--01006--015

Zip Code
****526, FL ****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) _____ 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

Handwritten signature and date 3-16

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

Handwritten signature: Sunil H. Kakkar Sunil Kakkar, M.D.

DATE

3-12-98

Typed or Printed Name of General Partner Signing Form

Handwritten name: George Andronico

Daytime Telephone Number

407-425-6226

CR2E003 (12/97)