

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999**



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

**FILED**

98 OCT 29 PM 3: 34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

03/13/1998

4. State or Country of Formation

FL

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

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

**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

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

*Sunil M. Kakkar*

10/14/98

Sunil M KAKKAR

407 425 6226

CR2E003 (8/98)