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

LIMITED PARTNERSHIP ANNUAL REPORT 1997



HEALTHCARE FINANCIAL ENTERPRISES, LTD.

FLORIDA DEPARTMENT OF STATE

## Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A31023**  FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 JAN -8 AM 11: 07



Mailing Address 1475 W. CYPRESS CREEK RD. SUITE 204	75 W. CYPRESS CREEK RD. 1475 W. CYPRESS CREEK RD.		3. Date Formed or Registered 12/24/1990	<b>5a.</b> Capital Contributions as Shown on record. \$2,500.00	
FT LAUDERDALE FL 33309 FT LAUDERDALE FL 33309		<b>3a.</b> Date of East Report <b>01/02/1996</b>			
		4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:		
2. Mailing Address	2a. Principal Office Address		FL	\$2,500.00	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 65-0239410	Applied For	
City & State	City & State		7. Certificate of Status Desired	Not Applicable	
Zip Country	Zip	Country		\$8.75 Additional Fee Required	
			O, make a real payable to buy	State (content of the state of	
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office		
THIRER, MARTIN 1475 W. CYPRESS CREEK RD.		Name			
		Street Address (P.O. Box Number Is Not Acceptable)			
SUITE 204		Suite, Apt. #,		<del> 5000020607151</del>	
FT LAUDERDALE FL 33309		City		-01/16/9701088021 ****191. <b>25</b> ,   *****191.25	
SIGNATURE (Registered Agent Accepting Appointment)  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. (Do NOT Use Post Office		11b. City, State & Zip Code	11c. Registration/	
SMG MANAGEMENT COMPANY	1475 W. CYPRESS CREEK		FT. LAUDERDALE FL	***************************************	
				K61558	
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 Corporation any liability of non-complete with Section 119.07(3)(k) and 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 appurate and appurate and any 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 recoins to the chapter 670. Florida Statutes.					
SIGNATURE ( / )		DATE 12-31.96			
Typed or Printed Name of General Partner Signing Form Stephen M. Golding, President Destine Telephone Number 954-772-7878  SMG MANAGEMENT COMPANY, GENERAL PARTNER 0006326					