

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 NOV -2 PM 1:52

with

11/4



1. Name of Limited Partnership

1a. DOCUMENT #
A31989

HEALTH PARK MEDICAL PLAZA ONE ASSOCIATES, LTD.

Mailing Address

Principal Office Address

~~9800 HEALTHPARK CIR., #208
FORT MYERS FL 33908~~

~~9800 HEALTHPARK CIR., #208
FORT MYERS FL 33908~~

3. Date Formed or Registered

09/18/1991

5a. Capital Contributions as
Shown on record.

\$1,052,238.00

3a. Date of Last Report

12/04/1997

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

1,052,238

4. State or Country of Formation

FL

6. FEI Number

59-3063744

☐ 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)

2. Mailing Address

9800 S. HealthPark Dr

2a. Principal Office Address

9800 S. HealthPark Dr

Suite, Apt. #, etc.

405

Suite, Apt. #, etc.

405

City & State

Fort Myers

City & State

Fort Myers

Zip

33908

Country

Zip

33908

Country

9. Name and Address of Current Registered Agent

DODSON, DOUGLAS
9800 HEALTHPARK CIRCLE, #208
FORT MYERS FL 33908

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)

WELLNESS VENTURES,, INC.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

9800 HEALTHPARK CIRCL

11b. City, State & Zip Code

FORT MYERS FL 33908

11c. Registration/
Document Number

H02526

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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

Terrence M. Hiduke

DATE 10/28/98

Typed or Printed Name of General Partner Signing Form

TERRENCE M. HIDUKE, VP-CFO

Daytime Telephone Number

CR2E003 (8/98)