

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT  
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1998**



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

1. Name of Limited Partnership

1a. DOCUMENT #  
**A31989**

**HEALTH PARK MEDICAL PLAZA ONE ASSOCIATES, LTD.**

FILED

97 DEC -4 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Mailing Address  9800 HEALTHPARK CIR., #208 FORT MYERS FL 33908	Principal Office Address  9800 HEALTHPARK CIR., #208 FORT MYERS FL 33908	3. Date Formed or Registered  <b>09/18/1991</b>	5a. Capital Contributions as Shown on record.  <b>\$958,319.00</b>
2. Mailing Address  Suite, Apt. #, etc.	2a. Principal Office Address  Suite, Apt. #, etc.	3a. Date of Last Report  <b>01/03/1997</b>	5b. Amount of Capital Contributions in FLORIDA to date:  <b>\$1,052,238.00</b>
City & State  Zip	City & State  Country	4. State or Country of Formation  <b>FL</b>	6. FEI Number  <b>59-3063744</b>
			7. Certificate of Status Desired  <input type="checkbox"/> \$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  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 <b>FL</b> Zip Code
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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)  <b>WELLNESS VENTURES, INC.</b>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)  <b>9800 HEALTHPARK CIRCL</b>	11b. City, State & Zip Code  <b>FORT MYERS FL 33908</b>	11c. Registration/ Document Number  <b>H02526</b>
<p style="text-align: right;"><i>DCR</i></p> <p><b>500002370185--2</b>  <b>-12/12/87-01015--014</b>  <b>***541.25 ***541.25</b></p>			

**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

**Douglas Dodson, President**

Typed or Printed Name of General Partner Signing Form

DATE

**11/26/97**

Daytime Telephone Number

**941-489-0023**

CR2E003 (6/97)

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