

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. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 APR -8 AM 11:44

1. Name of Limited Partnership

1a. DOCUMENT #
A32047

MEDICAL MULTI-SPECIALTY LTD.

Mailing Address

4201 PALM AVE., SUITE 2-D
HIALEAH FL 33012

Principal Office Address

4201 PALM AVE., SUITE 2-D
HIALEAH FL 33012

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Formed or Registered

09/30/1991

3a. Date of Last Report

11/12/1996

4. State or Country of Formation

FL

6. FEI Number

65-0303989

7. Certificate of Status Desired

8. Make check payable to: Dept. of State (See reverse side for fee information)

5a. Capital Contributions as Shown on record.

\$1,500,000.00

5b. Amount of Capital Contributions in FLORIDA to date

501,669

☐ Applied For
☐ Not Applicable

\$8.75 Additional Fee Required

9. Name and Address of Current Registered Agent

GONZALEZ, ALFREDO L.
2001 S. BAYSHORE DR., SUITE 1000
MIAMI FL 33133

10. If changed, new Registered Agent/Office

Name

Ruben Delgado Sr.

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

4201 Palm Avenue

Suite, Apt. #, etc.

Suite 102

City

Hialeah, FL.

FL Zip Code 33012

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

4/3/98

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)

MULTI-SPECIALTY CORP.

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

4201 PALM AVE., #2-D

11b. City, State & Zip Code

HIALEAH FL 33012

11c. Registration/Document Number

S28958

100002488701--9
-04/14/98--01098--010
*****540.25 *****540.25

4-10

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

4/3/98

Typed or Printed Name of General Partner Signing Form

Ruben Delgado

Daytime Telephone Number

805-558-2180

CR2E003 (6/97)