

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 APR -9 AM 10:59



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		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	

3. Date Formed or Registered 09/30/1991	5a. Capital Contributions as Shown on record \$1,500,000.00
3a. Date of Last Report 04/08/1998	5b. Amount of Capital Contributions in FLORIDA to date
4. State or Country of Formation FL	
6. FEI Number 65-0303989	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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 RUBEN DELGADO SR. 4201 PALM AVE., SUITE 102 HIALEAH FL 33012	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 500002841215--8 Suite, Apt. #, etc. -04/15/99--01120--020 City ****526.25 ****526.25 FL
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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) 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 4-14
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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

DATE

Typed or Printed Name of General Partner Signing Form

JOSE R. DELGADO

Daytime Telephone Number

305-558-2170

CR2E003 (12/98)