

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

99 JAN 21 PM 3: 37

1. Name of Limited Partnership

1a. DOCUMENT #  
A33159

G. S. NORTH, LTD.

Mailing Address

625 NORTH FLAGLER DRIVE, SUITE 400  
WEST PALM BEACH FL 33401

Principal Office Address

625 NORTH FLAGLER DRIVE, SUITE 400  
WEST PALM BEACH FL 33401

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

06/30/1992

3a. Date of Last Report

06/03/1998

4. State or Country of Formation

FL

6. FEI Number

65-0379158

7. Certificate of Status Desired

5a. Capital Contributions as  
Shown on record

\$17,500.00

5b. Amount of Capital  
Contributions in FL Cdn (DA  
to date)

☐ Applied For  
☐ Not Applicable

\$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

LARCOMBE, VALERIE G  
C/O GOOD SAMARITAN MEDICAL PAVILIONS, INC.  
1309 NORTH FLAGLER DRIVE  
WEST PALM BEACH FL 33401

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) thereby 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 1/20/99

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)

GOOD SAMARITAN MEDICAL PAVIL

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

625 NORTH FLAGLER DRIVE

11b. City, State & Zip Code

WEST PALM BEACH FL 33

11c. Registration  
Document Number

S72249

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

Phillip C. Dutcher

Phillip C. Dutcher

DATE 1/20/99

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number 561 650-6201

CR2E003 (8/98)