

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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1. Name of Limited Partnership WAL-LEE INVESTMENTS, LTD.	1a. DOCUMENT # A33475
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Mailing Address P.O. BOX 202520 8616 GRIFFIN RD DAVIE FL 33328	Principal Office Address P.O. BOX 202520 8616 GRIFFIN RD DAVIE FL 33328	3. Date Formed or Registered 09/28/1992	5a. Capital Contributions as Shown on record. \$10,000.00
2. Mailing Address 8676 Griffin Road	2a. Principal Office Address 8676 Griffin Road	3a. Date of Last Report 08/05/1996	5b. Amount of Capital Contributions in FLORIDA to date
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	
City & State Ft. Lauderdale, FL.	City & State Ft. Lauderdale, FL.	6. FEI Number 65-0352687	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 33328	Country USA	7. Certificate of Status Desired <input checked="" 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 SAMUELS, EUGENE P. 8616 GRIFFIN ROAD FORT LAUDERDALE FL 33328	10. If changed, new Registered Agent/Office Name Bradley Hertz Street Address (P.O. Box Number Is Not Acceptable) 8676 Griffin Road Suite, Apt. #, etc. City Ft. Lauderdale FL Zip Code 33328
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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 **12-10-96**

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) HEMOCARE MANAGEMENT SERVICES	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 8616 GRIFFIN RD	11b. City, State & Zip Code DAVIE FL 33328	11c. Registration/Document Number M80235
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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 **12-10-96**
Typed or Printed Name of General Partner Signing Form **Bradley Hertz** Daytime Telephone Number **954-434-0300**