


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		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 JAN 23 AM 11:56 #127	
1. Name of Limited Partnership		1a. DOCUMENT # A93000000054			
MID-FLORIDA MEDICAL MANAGEMENT, LTD.					
Mailing Address C/O KRAMER, GREEN, ZUKERMAN, & KAHN, P.A. 4000 HOLLYWOOD BLVD., SUITE 485 SO. HOLLYWOOD FL 33021		Principal Office Address C/O KRAMER, GREEN, ZUKERMAN, & KAHN, P.A. 4000 HOLLYWOOD BLVD., SUITE 485 SO. HOLLYWOOD FL 33021		3. Date Formed or Registered 01/08/1993	
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 01/03/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		6. FEI Number 59-3157201	
Zip		Country		5a. Capital Contributions as Shown on record. \$9,900.00	
				5b. Amount of Capital Contributions in FLORIDA to date: 9,900.00	
				<input type="checkbox"/> Applied For <input checked="" 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		10. If changed, new Registered Agent/Office	
KRAMER, ROBERT M KRAMER & ZUCKERMAN, P.A. 400 HOLLYWOOD BLVD., SUITE 485 SO. HOLLYWOOD FL 32021		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). 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
LEVINE, LORRI E	7350 SANDLAKE COMMONS	ORLANDO FL 32819	
300002416433--8 -01/23/98--01108--001 ***170.05 ***170.05			

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

Typed or Printed Name of General Partner Signing Form

DATE

Daytime Telephone Number

CR2E003 (6/97)