

**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 Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC 31 PM 12:52



1. Name of Limited Partnership	1a. DOCUMENT # A93000000262
BRANDON MEDICAL PLAZA ASSOCIATES, LTD.	

Mailing Address 3450 EAST FLETCHER STREET, SUITE 130 TAMPA FL 33613		Principal Office Address 3450 EAST FLETCHER STREET, SUITE 130 TAMPA FL 33613		3. Date Formed or Registered 03/03/1993	5a. Capital Contributions as Shown on record. \$10.00
2. Mailing Address 1004 Washington ST		2a. Principal Office Address Suite, Apt. #, etc.		3a. Date of Last Report 03/22/1996	5b. Amount of Capital Contributions in FL OHIDA to date. \$615,010
Suite, Apt. #, etc. Hollywood FL		Suite, Apt. #, etc. City & State		4. State or Country of Formation FL	6. FEI Number 59-3237403
City & State 33019		City & State Country		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 ROBERT P. LOWRY 21110 BISCAYNE BLVD., SUITE 100-A AVENTURA FL 33180	10. If changed, new Registered Agent/Office Name Robert P. Lowry Street Address (P.O. Box Number Is Not Acceptable) 1004 Washington ST. Suite, Apt. #, etc. FL City Hollywood Zip Code 33019
---	---

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 **12/2/96**

**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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
BRANDON MEDICAL PLAZA, INC.	3450 EAST FLETCHER AV	TAMPA FL 33613	P93000015601
4000002052744--2 -01/09/97--01073--009 ****\$85.00 ****\$85.00 			

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 **12/2/96**

Type or Printed Name of General Partner Signing Form **Robert P. Lowry** Daytime Telephone Number **(954) 520-7817**

CR2E003 (6/96)