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

FILED
98 DEC 28 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT # A93000000650

NORTHSIDE MEDICAL INVESTORS, LTD.

Mailing Address	Principal Office Address
3801 PGA BLVD STE 1000 PALM BEACH GARDENS FL 33410	3801 PGA BLVD STE 1000 PALM BEACH GARDENS FL 33410

3. Date Formed or Registered: 06/21/1993
3a. Date of Last Report: 12/30/1997
4. State or Country of Formation: FL
5a. Capital Contributions as Shown on record.: $1,000.00
5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address	2a. Principal Office Address
222 Lakeview Avenue	222 Lakeview Avenue
Suite, 17th Floor	Suite, Ap 17th Floor
City & West Palm Beach, FL	City & St West Palm Beach, FL
Zip 33401 Country	Zip 33401 Country

6. FEI Number: 65-0418557 ☐ Applied For ☐ Not Applicable
7. Certificate of Status Desired ☐ $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
JURAN, LAWRENCE B ESQ 3801 PGA BLVD STE 1000 PALM BEACH GARDENS FL 33410	Name: Regserv Corp. Street Ac: 222 Lakeview Avenue Suite, Ap: 17th Floor City: West Palm Beach, FL Zip Code: 33401

10a. Pursuant to the provisions of sections 620.1051 for the purpose of changing its registered office agent. I am familiar with, and accept the obligati

Patrick J. DiSalvo Vice President

under the laws of the State of Florida, submits this statement al partner(s). I hereby accept the appointment of registered

Regserv Corp.
By: _____

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE 12/14/98

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
NORTHSIDE MEDICAL EQUITY COR	~~3801 PGA BLVD STE 100~~ 222 Lakeview Avenue 17th Floor	~~PALM BEACH GARDENS FL~~ West Palm Beach, FL 33401	P93000041337

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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 12/14/98

Typed or Printed Name of General Partner Signing Form: Patrick J. DiSalvo Vice President
Daytime Telephone Number: 561-655-9008

CR2E003 (8/98)

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