

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID  
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 APR 28 AM 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #  
A93000000820

PORT ST. LUCIE CARDIOVASCULAR CENTER, LTD.

Mailing Address

2755 CAMPUS DRIVE, SUITE 200  
SAN MATEO CA 94403

Principal Office Address

1700 S.E. HILLMOOR DRIVE, SUITE 202  
PORT ST. LUCIE FL 34952

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

08/09/1993

3a. Date of Last Report

05/11/1998

4. State or Country of Formation

FL

5a. Capital Contributions as  
Shown on record

\$6,862,745.00

5b. Amount of Capital  
Contributions in FLORIDA  
to date

6. FEI Number

65-0398300

☐ 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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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). 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

CARDIOVASCULAR CENTERS OF PO

1700 S.E. HILLMOOR DR

PORT ST. LUCIE FL 349

P93000025747

400002866284--5  
-05/07/99--01014--008  
\*\*\*\*526.25 \*\*\*\*526.25

LC 4-99

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

Michael O. Kokesh, Secretary & General Partner  
Michael O. Kokesh

DATE

3/30/99  
650-349-0800

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (12/98)