

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  
97 FEB 10 AM 11:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #  
**A93000001062**

FLORIDA SPECIALTY NETWORK, LTD.

97-AR  
CUS  
CM



Mailing Address

760 NW 107TH AVENUE, SUITE 100  
MIAMI FL 33172

Principal Office Address

760 NW 107TH AVENUE, SUITE 100  
MIAMI FL 33172

3. Date Formed or Registered  
10/14/1993

5a. Capital Contributions as  
Shown on record.  
**\$30,000.00**

3a. Date of Last Report  
12/26/1995

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

4. State or Country of Formation  
FL

6. FEI Number  
65-0444541

☐ 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)

2. Mailing Address

3106 Commerce Pkwy

Suite, Apt. #, etc.

2a. Principal Office Address

3106 Commerce Pkwy

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33025

Country

USA

Zip

33025

Country

USA

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

GOTTIEB, FREDRIC I  
551 NW 77TH ST.  
STE. 211  
BOCA RATON FL 33487

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

FLORIDA SPECIALTY NETWORK, I

760 NW 107TH AVENUE,

MIAMI FL 33172

V42378

600002091496--0  
-02/19/97--01016--006  
\*\*\*\*\*322.50 \*\*\*\*\*322.50

**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 ☒

for FSN, Inc.

DATE

12/10/96

Typed or Printed Name of General Partner Signing Form

LAWRENCE H. SCHUMMER, MD

Daytime Telephone Number

800-789-4648

CR2E003 (6/96)