

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 NOV 17 PM 4:55

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # A93000001081

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11/17/03--01019--018 **1035.00

1. Name of Limited Partnership

Hialeah Medical Plaza, Ltd.
5900 S.W. 73rd Street, Suite 205
Miami, FL 33143

2. Principal Office Address

5900 S.W. 73 Street

Suite, Apt. #, etc.

Suite 205

City & State

Miami, FL

Zip

33143

Country

USA

3. Mailing Office Address

5900 S.W. 73 Street

Suite, Apt. #, etc.

Suite 205

City & State

Miami, FL

Zip

33143

Country

USA

8. Name and Address of Current Registered Agent

Name

Francisco J. Ortega, Esq.

Street Address (P.O. Box Number is Not Acceptable)

5900 S.W. 73rd Street

Suite, Apt. #, Etc.

Suite 205

City

Miami, FL 33143

State

FL

Zip Code

33143

9. 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

11/5/03

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
Leonardo Carlos Ortega	5900 S.W. 73 Street Suite 205	Miami, FL 33143	

Noté: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. 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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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

11/5/2003

Typed or Printed Name of General Partner Signing Form

Leonardo Carlos Ortega

Telephone Number

(305) 461-1223

10/01/03 6:03 PM