

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

1. Name of Limited Partnership

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

000024744680
11/17/03--01019--018 **1035.00

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. 73rd Street

Suite, Apt. #, etc.

Suite 205

City & State

Miami, FL

Zip

33143

Country

USA

**4. Date
To**

5. FL Number 650460250

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ **\$8.75 Additional Fee required for a Certificate of Status**

7a. Capital Contributions as shown on Record:

\$974,447.00

7b. Amount of Capital Contributions in FLORIDA to date:

\$974,447.00

FEES:

- 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.
- 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.
- 3.) Penalty Fee(s): \$500 penalty fee for each year report form is due.

Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

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

Note: 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