



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
1. Name of Limited Partnership		1a. DOCUMENT # A93000001365	
MYERS FAMILY LIMITED PARTNERSHIP			
Mailing Address		Principal Office Address	
% BROTHWELL 36452 US HIGHWAY 19 N PALM HARBOR FL 34684		5534 GULF DRIVE, SUITE 1 NEW PORT RICHEY FL 34652	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	

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3. Date Formed or Registered
12/10/1993

3a. Date of Last Report
01/02/1998

4. State or Country of Formation
FL

6. FET Number
59-3225197

7. Certificate of Status Desired
☐ \$8.75 Additional Fee Required

5a. Capital Contributions as Shown on record
\$250,000.00

5b. Amount of Capital Contributions in FL OR (IA) to date
☐ Applied For
☐ Not Applicable

8. Make check payable to Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent			
MYERS, MICHAEL A MD 5534 GULF DRIVE, SUITE 1 NEW PORT RICHEY FL 34652			
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
MYERS, MICHAEL A M.D.	5534 GULF DRIVE, SUIT	NEW PORT RICHEY FL 34	
JAN 12 1998 01056-007 ****526.25 ****526.25			

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

Typed or Printed Name of General Partner Signing Form

Michael A. Myers

DATE

Daytime Telephone Number

12-31-98
727-547-3992

CR2E003 (9/98)