

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

FILED

98 DEC 28 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #
A94000000347

HEALTH CARE PROCESSING, LTD.

Mailing Address

1755 SW 37 WAY
FT LAUDERDALE FL 33312

Principal Office Address

1755 SW 37 WAY
FT LAUDERDALE FL 33312

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip Country

3. Date Formed or Registered

03/15/1994

3a. Date of Last Report

01/29/1998

4. State or Country of Formation

FL

6. FEI Number

NOT APPLICABLE

7. Certificate of Status Desired

8. Make check payable to: Dep't of State (See reverse side for fee information)

5a. Capital Contributions as
Shown on record.

\$1,000.00

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

\$1000

☐ Applied For
☐ Not Applicable

☐ \$8.75 Additional
Fee Required

9. Name and Address of Current Registered Agent

SHELLEDY, DIANE
1755 SW 37 WAY
FT LAUDERDALE FL 33312

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)

SHELLEDY, DIANE
PEIRCE, BENJAMIN

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

1755 SW 37 WAY
7120 NW 10 CT

11b. City, State & Zip Code

FT LAUDERDALE FL 3331
PLANTATION FL 33313

11c. Registration/
Document Number

900002742939--9
-01/14/98--01131--012
****141.25 ****141.25

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

DATE

Typed or Printed Name of General Partner Signing Form

BENJAMIN PEIRCE

Daytime Telephone Number

(954) 584-5405

CR2E003 (8/98)