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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 SEP 20 PM 1:58

1. Name of Limited Partnership

1a. DOCUMENT #
A94000000786

SAWGRASS MEDICAL CENTER PHASE II, LTD.

Mailing Address	Principal Office Address
P.O.BOX 432810 ~~2ND FLOOR~~ MIAMI FL 33243-2810	6129 S.W. 70TH STREET, SECOND FLOOR MIAMI FL 33143

3. Date Formed or Registered	06/13/1994
3a. Date of Last Report	10/17/1995
4. State or Country of Formation	FL
5a. Capital Contributions as Shown on record	$490,000.00
5b. Amount of Capital Contributions in FLORIDA to date:	# 490,000
6. FEI Number	65-0504254 ☐ 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)	

Investment Corporation of America

2. Mailing Address	**2a.** Principal Office Address
Sawgrass Medical Center Phase II Ltd.	
Suite, Apt. #, etc. P.O. Box 43-2810	Suite, Apt. #, etc.
City & State So. Miami, Fl	City & State
Zip 33243-2810 Country USA	Zip Country

9. Name and Address of Current Registered Agent	**10.** If changed, new Registered Agent/Office
BURNS, FREDERIC B 6129 S.W. 70TH STREET, SECOND FLOOR MIAMI FL 33143	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
INVESTMENT CORPORATION OF AM	6129 S.W. 70TH STREET	MIAMI FL 33143	313853

OR 9-24

100001596051
-09/25/96--01033--008
****576.25 ****576.25

CR2E003 (6/96)

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

Please ... 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 INVESTMENT CORPORATION OF AMERICA Fredric B. Burns DATE September 18, 1996

Typed or Printed Name of General Partner Signing Form Fredric B. Burns, President Daytime Telephone Number 305-661-5058