

FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE

1998

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 APR -8 AM 11:45



1. Name of Limited Partnership

1a. DOCUMENT #
A94000000920

DELRAY OUTPATIENT SURGERY & LASER CENTER, LTD.

Mailing Address

4800 LINTON BLVD.
BLDG. B
DELRAY BEACH FL 33445

Principal Office Address

4800 LINTON BLVD.
BLDG. B
DELRAY BEACH FL 33445

3. Date Formed or Registered

07/07/1994

5a. Capital Contributions as
Shown on record.

\$775,000.00

3a. Date of Last Report

12/23/1996

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

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

65-0457828

☐ 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)

9. Name and Address of Current Registered Agent

MENOR, ARTHUR J
250 AUSTRALIAN AVENUE SOUTH
ONE CLEARLAKE CENTRE, STE. 500
WEST PALM BEACH FL 33401

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)

DELRAY OUTPATIENT SURGERY &

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

4800 LINTON BLVD., BL

11b. City, State & Zip Code

DELRAY BEACH FL 33445

11c. Registration/
Document Number

P94000010937

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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

4/7/98

Patricia Penolman M.D.

Dealing Telephone Number (561) 495-9111

CR2E003 (12/97)