

**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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 OCT 26 AM 8:58

*12 10/28*

1. Name of Limited Partnership

1a. DOCUMENT #  
**A94000000926**

JAL MEDICAL MANAGEMENT, LTD.



Mailing Address 100 N.W. 170th Street Suite 302 No. Miami Beach, FL 33169		Principal Office Address 100 N.W. 170th Street Suite 302 No. Miami Beach, FL 33169		3. Date Formed or Registered 07/11/1994	5a. Capital Contributions as Shown on record. \$990.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 09/29/1997	5b. Amount of Capital Contributions in FLORIDA to date: <i>no change</i>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		6. FEI Number 65-0503039	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	7. Certificate of Status Desired <input type="checkbox"/> \$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 KRAMER, ROBERT M C/O KRAMER, GREEN & ZUCKERMAN, P.A. 4000 HOLLYWOOD BLVD., SUITE 485 SO. HOLLYWOOD FL 33021		10. If changed, new Registered Agent/Office	
		Name	
		Street Address (P.O. Box Number Is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	Zip Code FL

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
LUSTGARTEN, GARY J	100 N.W. 170TH STREET SUITE 302	NORTH MIAMI BEACH FL 33169	500002675875--0 -10/23/98--01074--005 ****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 *Gary J Lustgarten* DATE 10/1/98  
Typed or Printed Name of General Partner Signing Form GARY J LUSTGARTEN Daytime Telephone Number 305 653-5155

CR2E003 (8/98)