

**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 DEC 30 AM 10:38**



**1. Name of Limited Partnership**  
**1a. DOCUMENT #**  
**A94000001269**  
**CENTRAL FLORIDA INTEGRATED PHYSICIANS ASSOCIATES  
MANAGEMENT PARTNERS, LIMITED PARTNERSHIP**

<b>Mailing Address</b> 7485 CONROY-WINDERMERE ROAD, SUITE C-1 ORLANDO FL 32835		<b>Principal Office Address</b> 7485 CONROY-WINDERMERE ROAD, SUITE C-1 ORLANDO FL 32835		<b>3. Date Formed or Registered</b> 09/19/1994	<b>5a. Capital Contributions as Shown on record</b> \$1,000.00
				<b>3a. Date of Last Report</b> 04/23/1996	<b>5b. Amount of Capital Contributions in FLORIDA to date:</b> \$ 130
				<b>4. State or Country of Formation</b> FL	
<b>2. Mailing Address</b> 845 N. Garland Ave Suite 200 Orlando FL 32801 Orange		<b>2a. Principal Office Address</b> 845 N. Garland Ave Suite 200 Orlando FL 32801 Orange		<b>6. FEI Number</b> 59-3260647 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				<b>7. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	
<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>					

<b>9. Name and Address of Current Registered Agent</b> RIDGELY, PAUL 7485 CONROY-WINDERMERE ROAD, SUITE C-1 ORLANDO FL 32835	<b>10. If changed, new Registered Agent/Office</b> Name: Gil Hutchinson Street Address (P.O. Box Number Is Not Acceptable): 845 N. Garland Ave Suite, Apt. #, etc.: Suite 200 City: Orlando FL Zip Code: 32801
---	--

**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) Gil Hutchinson DATE 12/27/96

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

<b>11. Name(s) of General Partner(s)</b> NORTH AMERICAN MEDICAL MGMT.	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b> 7485 CONROY-WINDERMERE	<b>11b. City, State &amp; Zip Code</b> ORLANDO FL 32835	<b>11c. Registration/Document Number</b> P94000048477
200002050272--8 -01/08/97--01042--003 ****191.25 ****191.25			

**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 Gil Hutchinson DATE 12/27/96  
 Typed or Printed Name of General Partner Signing Form Gil Hutchinson Daytime Telephone Number (407) 843-1613

CR2E003 (6/96)