

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 10:37

1. Name of Limited Partnership

1a. DOCUMENT #  
A94000001270

CENTRAL FLORIDA INTEGRATED PHYSICIANS ASSOCIATES  
MANAGEMENT INVESTORS, LIMITED PARTNERSHIP



Mailing Address

7485 CONROY-WINDERMERE ROAD, SUITE C-1  
ORLANDO FL 32835

Principal Office Address

7485 CONROY-WINDERMERE ROAD, SUITE C-1  
ORLANDO FL 32835

3. Date Formed or Registered

09/19/1994

5a. Capital Contributions as  
Shown on record.

\$1,000,000.00

3a. Date of Last Report

04/23/1996

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

96,000

4. State or Country of Formation

FL

2. Mailing Address

845 N. Garland Ave

Suite, Apt. #, etc.

Suite 200

City & State

Orlando FL

Zip

32801

Country

Orange

2a. Principal Office Address

845 N. Garland Ave

Suite, Apt. #, etc.

Suite 200

City & State

Orlando FL

Zip

32801

Country

Orange

6. FEI Number

59-3260645

☐ 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

RIDGELY, PAUL

7485 CONROY-WINDERMERE ROAD, SUITE C-1  
ORLANDO FL 32835

10. If changed, new Registered Agent/Office

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.

11. Name(s) of General Partner(s)

CENT FL INT PHYSICNS ASSOC MG

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

7485 CONROY-WINDERMERE

11b. City, State & Zip Code

ORLANDO FL 32835

11c. Registration/  
Document Number

A94000001269

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-01/08/97--01130--012  
\*\*\*\*576.25 \*\*\*\*576.25

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

CR2E003 (6/96)