

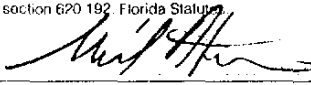
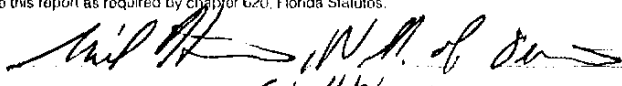


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

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 97 SEP 29 AM 9:32	
1. Name of Limited Partnership		1a. DOCUMENT # A94000001270			
CENTRAL FLORIDA INTEGRATED PHYSICIANS ASSOCIATES MANAGEMENT INVESTORS, LIMITED PARTNERSHIP					
Mailing Address 845 N. GARLAND AVE., STE. 200 ORLANDO FL 32801		Principal Office Address 845 N. GARLAND AVE., STE. 200 ORLANDO FL 32801		3. Date Formed or Registered 09/19/1994	5a. Capital Contributions as Shown on record. \$1,000,000.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 12/30/1996	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State	City & State	6. FEI Number 59-3260645		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country	8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent HUTCHINSON, GIL 845 N. GARLAND AVE., STE. 200 ORLANDO FL 32801			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 9/25/97					
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		
CENT FL INT PHYSICNS ASSOC MG	7485 CONROY-WINDERMER	ORLANDO FL 32835	A94000001269		
200002310182--5 -10/02/97--01089--004 ****541.25 ****541.25					
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  DATE 9/25/97					
Typed or Printed Name of General Partner Signing Form Gil Hutchinson Daytime Telephone Number 843-1613					

CR2E003 (6/97)