

**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 SEP 23 PM 12:08

1. Name of Limited Partnership

1a. DOCUMENT #
A94000001475

M.C.H. MEDICAL CENTER LTD.



Mailing Address
**777 BRICKELL AVENUE, SUITE 1010
MIAMI FL 33131**

Principal Office Address
**777 BRICKELL AVENUE, SUITE 1010
MIAMI FL 33131**

3. Date Formed or Registered
11/03/1994

5a. Capital Contributions as
Shown on record
\$324,000.00

3a. Date of Last Report
09/18/1995

5b. Amount of Capital
Contributions in FLORIDA
to date:
324,000 =

4. State or Country of Formation
FL

6. FEI Number
65-0539980

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

**FABRE, FRANK R. S.
717 PONCE DE LEON BLVD., SUITE 234
CORAL GABLES FL 33134**

10. If changed, new Registered Agent/Office

Name
Street Address (P.O. Box Number Is Not Acceptable)
500001972295
Suite, Apt. #, etc.
-10/14/96--01004--017
City
******585.00 ****585.00**
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)

M.C.H. PROPERTIES, INC.

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

777 BRICKELL AVENUE,

11b. City, State & Zip Code

MIAMI FL 33131

11c. Registration/
Document Number

J17255

Handwritten signature and date
9-15-10

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

Handwritten signature

DATE

9/24/96

Typed or Printed Name of General Partner Signing Form

MARIO HENRIQUEZ

Daytime Telephone Number

(305) 373-9072

CR2E003 (6/96)