

FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JUN -2 AM 10: 55

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Morgham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
A94000001578

HIALEAH CANCER CARE CENTER, LTD.



Mailing Address

Principal Office Address

445 E. 25TH STREET
HIALEAH FL 33013

445 E. 25TH STREET
HIALEAH FL 33013

3. Date Formed or Registered

11/23/1994

5a. Capital Contributions as
Shown on record.

\$350,000.00

3a. Date of Last Report

06/04/1997

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

4. State or Country of Formation

FL

2. Mailing Address

3511 W. Commercial Blvd
Suite, Apt. #, etc.
200

2a. Principal Office Address

3511 W. Commercial
Suite, Apt. #, etc.
200

City & State

FT Lauderdale, FL

Zip

33309

Country

USA

City & State

FT Lauderdale FL

Zip

33309

Country

USA

6. FEI Number

65-0535824

☐ 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

MILLER, BRYAN W JR.
445 E. 25TH STREET
HIALEAH FL 33013

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

5/27/98

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

MEDCO OF HIALEAH, INC.

445 E. 25TH STREET

HIALEAH FL 33013

P94000085335

300002548713--0
-06/05/98--01055--006
*****534.00 *****534.00

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 600, Florida Statutes.

SIGNATURE X

DATE

3/30/98

Typed or Printed Name of General Partner Signing Form

Bryan W. Miller Jr.

Daytime Telephone Number

(954) 735-8588

CR2E003 (12/97)