

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 DEC 30 AM 11:32

mtu  
1/12

1. Name of Limited Partnership

1a. DOCUMENT #  
**A95000000311**

**SOUTHPOINTE I MEDICAL EQUITY INVESTORS, LTD.**

Mailing Address

1200 CORPORATE CENTER WAY, SUITE 100  
WELLINGTON FL 33414

Principal Office Address

1200 CORPORATE CENTER WAY, SUITE 100  
WELLINGTON FL 33414

3. Date Formed or Registered

03/06/1995

5a. Capital Contributions as  
Shown on record

\$1,000.00

3a. Date of Last Report

01/31/1997

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

4. State or Country of Formation

FL

6. FEI Number

~~65-0568694~~ 65-0568707

☐ Applied For  
☒ Not Applicable

7. Certificate of Status Desired

☒ \$8.75 Addtional  
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address

Suite, Apt. #, etc.

3801 PGA Boulevard, Suite 1000  
Palm Beach Gardens, FL 33410

City

Country

2a. Principal Office Address

Suite, Apt. #, etc.

3801 PGA Boulevard, Suite 1000  
Palm Beach Gardens, FL 33410

City

Country

9. Name and Address of Current Registered Agent

DASCO DEVELOPMENT CORPORATION  
1200 CORPORATE CENTER WAY, SUITE 100  
WELLINGTON FL 33414

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

3801 PGA Boulevard, Suite 1000  
Palm Beach Gardens, FL 33410

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.105-1 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)

SOUTHPOINTE I MEDICAL EQUITY

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

1200 CORPORATE CENTER

3801 PGA Boulevard, Suite 1000  
Palm Beach Gardens, FL 33410

11b. City, State & Zip Code

WELLINGTON FL 33414

11c. Registration/  
Document Number

P95000018150

500002397905-2  
-01/13/98--01020--003  
\*\*\*\*330.00 \*\*\*\*165.00

**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 690, Florida Statutes.

SIGNATURE

Patrick J. DiSalvo  
Vice President

DATE

12-19-97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

561-691-9900

CR2E003 (6/97)