

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

97 FEB -6 PM 4:21



1. Name of Limited Partnership
CONSOLIDATED MEDICAL MANAGEMENT, LTD.

1a. DOCUMENT #
A95000000712

Mailing Address
10168 W. SAMPLE ROAD
CORAL SPRINGS FL 33065

Principal Office Address
10168 W. SAMPLE ROAD
CORAL SPRINGS FL 33065

3. Date Formed or Registered
05/05/1995

5a. Capital Contributions as
Shown on record.
\$100.00

3a. Date of Last Report
01/02/1996

4. State or Country of Formation
FL

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

2. Mailing Address

9305 West Sample Rd.
Suite, Apt. #, etc.

2a. Principal Office Address

9305 West Sample Road
Suite, Apt. #, etc.

City & State

Coral Springs, FL
Zip Country
33065 USA

City & State

Coral Springs, FL
Zip Country
33065 USA

6. FEI Number
65-0574464

☐ 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

LAQUIS, GEORGE A M.D.
10168 W. SAMPLE ROAD
CORAL SPRINGS FL 33065

10. If changed, new Registered Agent/Office

Name
SILVANO P. SARGA
Street Address (P.O. Box Number is Not Acceptable)
9305 West Sample Road
Suite, Apt. #, etc.
City Zip Code
Coral Springs FL 33065

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 12/30/96

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
ADMED, INC.	10168 W. SAMPLE ROAD	CORAL SPRINGS FL 3306	P95000031881
			900002085309--0 -02/12/97--01080--006 ****191.25 ****191.25

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 12/30/96

Typed or Printed Name of General Partner Signing Form

for ADMED, INC.

Daytime Telephone Number

(454) 755-8825

CR2E003 (6/96)