

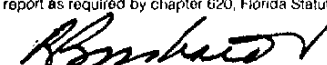


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership LAKESIDE MEDICAL LIMITED PARTNERSHIP		1a. DOCUMENT # A95000000822	
Mailing Address 1879 NIGHTINGALE LANE. B6 TAVARES FL 32778		Principal Office Address 1879 NIGHTINGALE LANE. B6 TAVARES FL 32778	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Formed or Registered 05/31/1995		5a. Capital Contributions as Shown on record. \$210,301.40	
3a. Date of Last Report 10/02/1996		5b. Amount of Capital Contributions in FLORIDA to date 85,987.02	
4. State or Country of Formation FL		6. FEI Number 59-3318799 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input type="checkbox"/> \$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 CAMPIONE, DAVID M 600 JENNINGS AVE. EUSTIS FL 32726		10. If changed, new Registered Agent/Office Name 600002345156--4 Street Address (P.O. Box Number Is Not Acceptable) 11/12/97--01096--020 ****541.25 ****541.25 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 _____			
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
LAKESIDE MEDICAL VENTURES, I	32845 RADIO ROAD #E 1879 NIGHTINGALE LANE, SUITE A-2	LEESBURG FL 34788 TAVARES, FL 32778	P95000012338 
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 10/31/97	
Typed or Printed Name of General Partner Signing Form RICHARD T. BOSSHARDT		Daytime Telephone Number (352) 742-0079	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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