

FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

179

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 JAN -2 AM 9:17

1. Name of Limited Partnership 2000 ORANGE AVE., LTD.	1a. DOCUMENT # A95000001442
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2. Mailing Address 4300 Catalfumo Way Suite, Apt. #, etc.	2a. Principal Office Address 4300 Catalfumo Way Suite, Apt. #, etc.	3. Date Formed or Registered 09/25/1995	5a. Capital Contributions as Shown on record \$1,500,000.00
City & State Palm Beach Gardens, FL	City & State Palm Beach Gardens, FL	3a. Date of Last Report 02/19/1996	5b. Amount of Capital Contributions in FLORIDA to date: 710,200. ⁰⁰
Zip 33410	Zip 33410	4. State or Country of Formation FL	6. FEI Number APPLIED FOR 59-3364491
		7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to Dept. of State (See reverse side for fee information)

opi/9

9. Name and Address of Current Registered Agent ORANGE ONE, INC. 1540 LATHAM ROAD WEST PALM BEACH FL 33409	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 4300 Catalfumo Way Suite, Apt. #, etc. City Palm Beach Gardens FL Zip Code 33410
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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) *X* _____ 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. Registry/Document Number
ORANGE ONE, INC.	1540 LATHAM ROAD	WEST PALM BEACH FL 33	P95000071905
ORLANDO SURGERY CENTER REAL	1340 PALMETTO AVENUE	WINTER PARK FL 32789	A93000000915

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 *****585.00 *****585.00

CR2E003 (6/96)

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 *Jeff Moore CP* DATE *12/31/96*

Typed: _____ Daytime Telephone Number: _____