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

Santra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# A95000001516

ABERDEEN I MEDICAL EQUITY INVESTORS, LTD.

97 JAN 31 PM 12: 35



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DASCO DEVELOPMENT CORPORATION 1200 CORPORATE CENTER WAY, SUITE 100 WEST PALM BEACH FL 33414 Street Address (F.O. Box Number is Not Acceptable)							
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Suita. Apil. V. Ric. 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. 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 520.192. Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) 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. (po NOTIFIE (Page 1807 Agent Agent Accepting Agent Accepting Agent							
Side. Apt. 4, etc. City FL Zer Code The purpose of changing its registered sections 620,1051 and 620,192. Florids Statutes, the above-named limited partnership organized or registered under the taws of the State of Florida, aubmits this statement for the purpose of changing its 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, and 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. (pc. 1809*18-18-10-19-19-19-19-19-19-19-19-19-19-19-19-19-							
10a. Pursuant to the provisions of sections 820. 1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Rorida, 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 thereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.182. 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. (p. 1839*156* Florid Statutes) P95000077286 ABERDEEN I MEDICAL EQUITY CO 1200 CORPORATE CENTER WELLINGTON FL 33414 P95000077286 Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. 12. Ido bereby certly that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(s), Florida Statutes. I release the Division of Corporations from any stability of non-compliance with Section 119.07(3)(s) in the event that the information supplied sidemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and falling my signature shall have the same legal effects as if made under cath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this irrepartner (seed to receive or trustee empowered to execute this irrepartner).	WEST PALM BEACH FL 33414	Sulta, Apt. #, e		etc.			
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 agent I am familiar with, and accept the obligations of section 620.192. Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) 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. (to Aggress of Fact General Partner(s) 11b. City, State & Zip Code 11c. Registration/Document Number ABERDEEN I MEDICAL EQUITY CO 1200 CORPORATE CENTER WELLINGTON FL 33414 P95000077286 Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. 12. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not quelify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I release the Division of Corporations from any skability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. If utther certify that the information indicated on this annual report is true and accurate and accurate an information indicated on this annual report is true and accurate an information indicated on this annual report is true and accurate an information indicated on this annual report is true and accurate an information indicated on this annual report is true and accurate an information indicated on this annual report is true and accurate an information indicated on this annual report is true and accurate an information indicated on this annual report is true and accurate an information indicated on this annual report is true				Zip Code			
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