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
96 OCT 10 AM 8:47

1. Name of Limited Partnership

OHCG PARTNERS, LTD.

1a. DOCUMENT # **A95000001575**

Mailing Address	Principal Office Address
2301 LUCIEN WAY. SUITE 230 MAITLAND FL 32751	2301 LUCIEN WAY. SUITE 230 MAITLAND FL 32751

3. Date Formed or Registered: 10/20/1995

3a. Date of Last Report: 02/20/1996

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on record: $7,290.00 S.A. filed 10/10/96

5b. Amount of Capital Contributions in FLORIDA to date: $9,290.00

2. Mailing Address	**2a.** Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State	City & State
Zip Country	Zip Country

6. FEI Number ~~APPLIED FOR~~ 59-3371273 ☐ 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	**10.** If changed, new Registered Agent/Office
BOYLES, WILLIAM A 201 EAST PINE STREET SUITE 1200 ORLANDO FL 32801	Name Street Address (P.O. Box Number Is Not Acceptable) 800001974408--7 Suite, Apt. #, etc -10/15/96--01150--011 City ****212.53 ****212.53 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
OHCG PARTNERS, INC.	2301 LUCIEN WAY, SUIT	MAITLAND FL 32751	P95000071293

QC 10111
FF $65.03
Sub $ 138.75
CUS $ 8.25
OVER $ 3.00

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 620, Florida Statutes.

SIGNATURE Edward Lowenstein MD DATE 10/2/96

Typed or Printed Name of General Partner Signing Form: Edward Lowenstein, MD Daytime Telephone Number: 407-875-6670

CR2E003 (6/96)