

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
98 DEC 23 PM 4: 30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership	1a. DOCUMENT # A9600000090
MEDICAL LEASING PARTNERS, LIMITED PARTNERSHIP	



Mailing Address 1000 N.W. 9TH COURT, STE. 203 BOCA RATON FL 33486	Principal Office Address 1000 N.W. 9TH COURT, STE. 203 BOCA RATON FL 33486	3. Date Formed or Registered 01/11/1996	5a. Capital Contributions as Shown on record. \$22,000.00
		3a. Date of Last Report 01/08/1998	5b. Amount of Capital Contributions in FLORIDA to date:
		4. State or Country of Formation FL	
2. Mailing Address	2a. Principal Office Address	6. FEI Number <input type="checkbox"/> Applied For 65-0485672 <input checked="" type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State	City & State	8. Make check payable to: Dept. of State (See reverse side for fee information)	
Zip Country	Zip Country		

9. Name and Address of Current Registered Agent TUDORAN, STELA 1000 N.W. 9TH COURT, STE. 203 BOCA RATON FL 33486	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 500002745065--4 Suite, Apt. #, etc. -01/15/99--01126--012 City ***242.75 ***242.75 FL
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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) _____ 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
TUDORAN, STELA TRUSTEE	1000 N.W. 9TH COURT,	BOCA RATON FL 33486	<i>CR-13</i>

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 *Stela Tudoran* DATE 10/5/98

Typed or Printed Name of General Partner Signing Form Stela Tudoran Daytime Telephone Number 561 395 9302

CR2E003 (8/98)